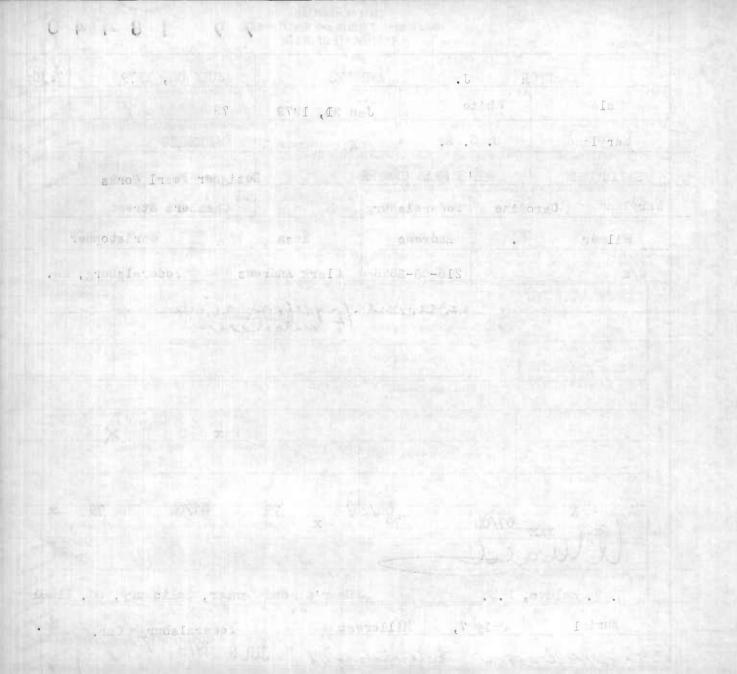
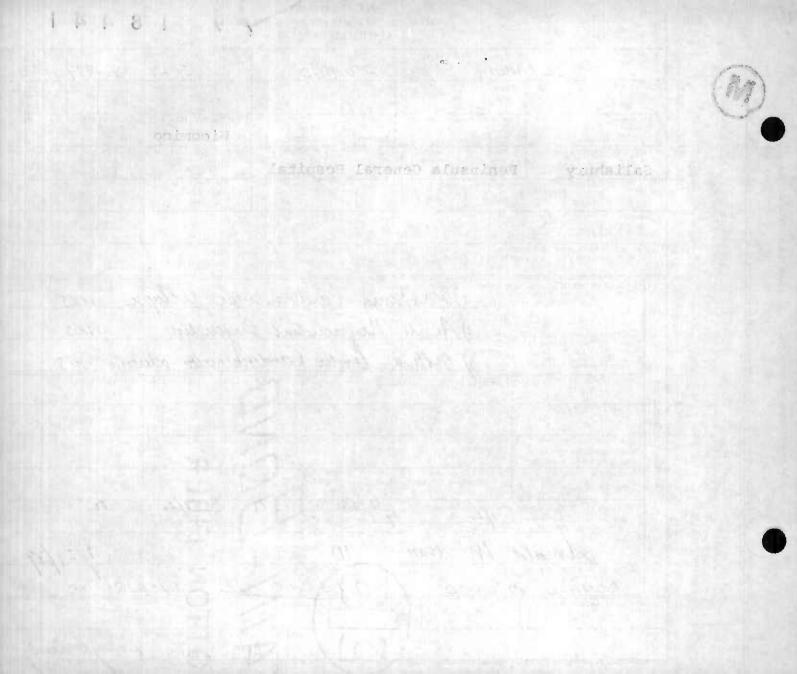
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9 REG. NO. REGISTRAR DECEASED NAME DATE KNOWN MONTH DAY YEAR (TYPE OR PRINT) OF ESTI-HOMER F. 4. RACE 6 AGE (IN YEARS IF UNDER 3 SEX 5 DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED Male White 25 16 DEAD To. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Wicomico MARYLAND WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH (IF NOT INSUCHEACHITY, OME STREET ADDRESS)

A Peninsula General Hospital Salisbury ARMING 130 STATE 3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Wicomico Pittsville Rt. Box 67 Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME (YES, NO, OR UNKNOWN) 220-09-8584 TSUILLE MO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion sudden IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Hypertensive Cardiovascular Disease vears gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES [NO. 218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10 MEDICAL PRIOR 21e PLACE OF INJURY (AT HOME, 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 220. I certify that I took charge of the remains described above, held an Natural causes death resulted fram. TITLE (SPECIFY) ACTUAL DATE 7-16-79 Deputy SIGNATURE ADDRESS 409 Camden Ave., Salisbury, Md. Earl L. Royer, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION GUMBARD BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Funeral Home Se. 15M 7/77

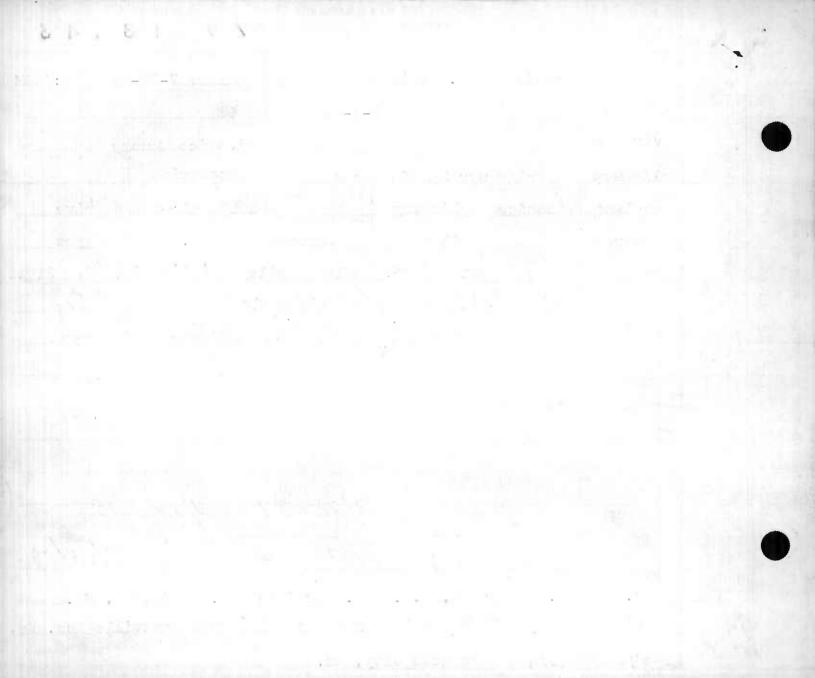
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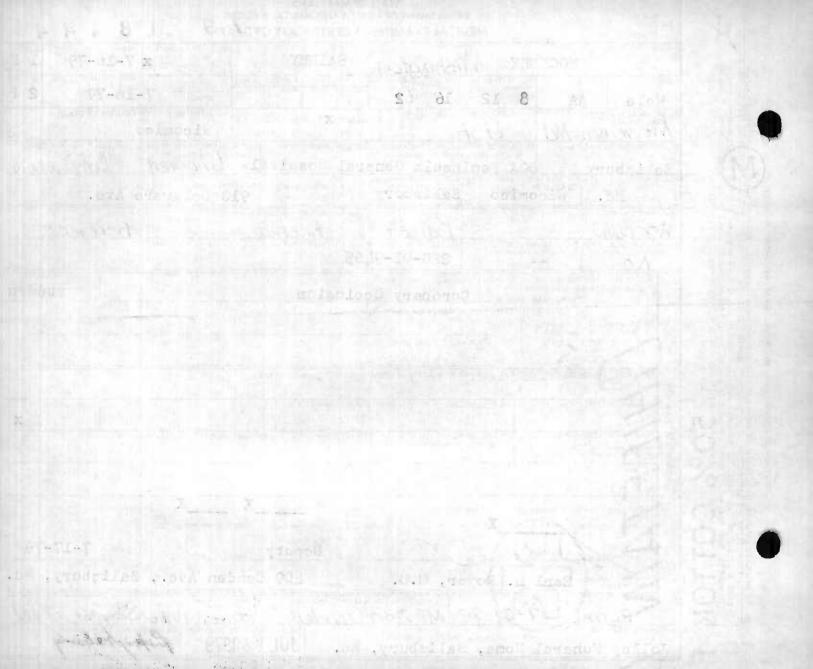


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b HOUR 2079 DY10 71 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) F UNDER 1 YEAR To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED A 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury Peninsula General Hospital USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS filled ould 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE 7102 BALTIMORE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF/KES, GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY-Nennec's IMMEDIATE CAUSE (a DIVISION OF VITAL RECORDS, 201 W. PRESTON S ONSEQUENCE OF Canditians, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? -col 12 YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN NEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased f , and that in (my) (our) opinion death accurred an the date and hour and from the causes stated obove, (I) (we) dor did not view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED DEGREE ATTENDING STAFF acres DIRECTOR PHYSICIAN PHYSICIAN 220 PHYSICIAN'S NAME (TIPE 22+ ADDRESS THE NAME OF CEMETERY OR CREMATORY 23b DATE Seech wood Cemeter 24 FMNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4))

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1		death result	ed from:	al causes X,	Accident 🔲,	Suicide	TITLE (SPECIFY)	Undetermined m	anner			
		ACTUAL SIGNATURE	11	no.		м.г	Deputy	MEDICAL EXA	MINER	DATE SIGNED_	7-17-	-79
2	10	EXAMINER'S	NAME TON	T. Box	er, M.D.		409	Camden I	Ave.	Salis	bury	, Md.
ļ	73c PI	(TYPE OR PRI	TION, REMOVAL 2		23c. NAME OF		DUKESS					
	(5	PECIFY)		7-21-7		1	netery	23 LOCATION TY OR TOWN	Anne	Somer	set s	mol
1		NERAL DIREC	TOR	ADDRES			25a DATE	REC'D. BY REGISTR	AR 25b. REC	ISTRAR'S SUGN	NATURE	
	J	olley	Funeral	Home,	Salisbur	y, Md	. JUL	1 8 1979	prof	Adria La	horn	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME FIRST Za. DATE 2b. HOUR KNOWN (TYPE OR PRINT) ESTI-WILLIAM BARNES 7-20-79 1:30 DEATH MATED 4. RACE AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR 2c. DATE ST BIRTHOLAY PRONOUNCED 18 Male 3:20 Black 60 DEAD 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash., D.C. USA Wicomico WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
DOA Peninsula General Hospital FOR MOST OF WORKING LIFE) Document Analyst Salisbury USUAL RESIDENCE (IF IN NURSING-HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) AN COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE Washington D.C. 55th St., SE YES [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Lottie Whittaker William Barnes ADDRESS 166. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Adelaide Barnes-wife -33-55th L3-03-6271 yes APPROXIMATE INTERVALE
BETWEEN ONSET AND DEATH
MINUTES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Coronary Occlusion IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL. YES 🗌 NO M 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOR.TO MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 211. LOCATION 216. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALLIMORE, MARYLAND, 2 Autapsy 220. I certify that I taak charge of the remains described above, held an death resulted fram: Undetermined manner TITLE (SPECIFY) DATE SIGNED 7-23-79 Deputy SIGNATI _MEDICAL EXAMINER ADDRESS 409 Camden Ave., Salisbury, Md. Earl L. Royer, Harmony Memorial Park Landover, Maryland BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** history Ma Bready John Stewart, Washington, D.C. 20019 (VR A15 ME (5)) 15M 7/77

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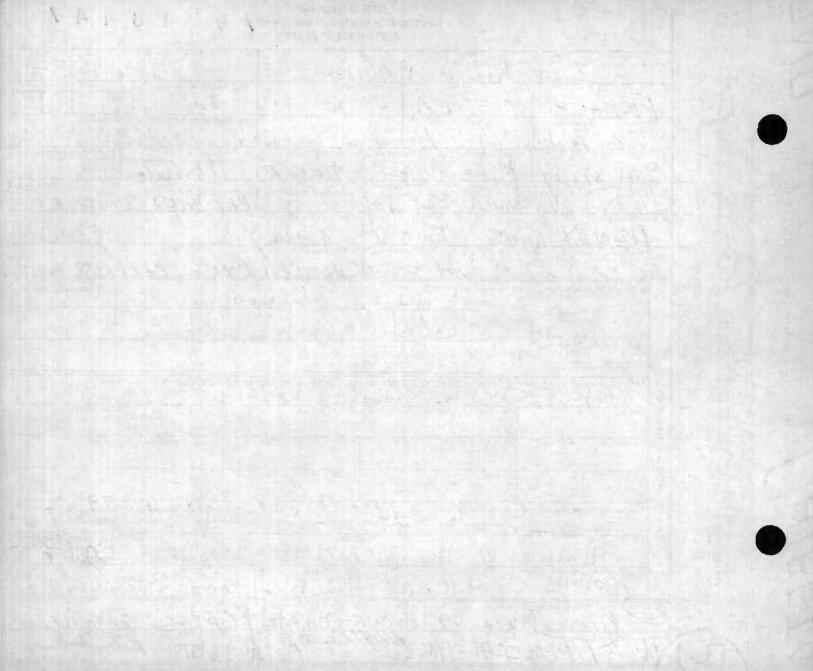
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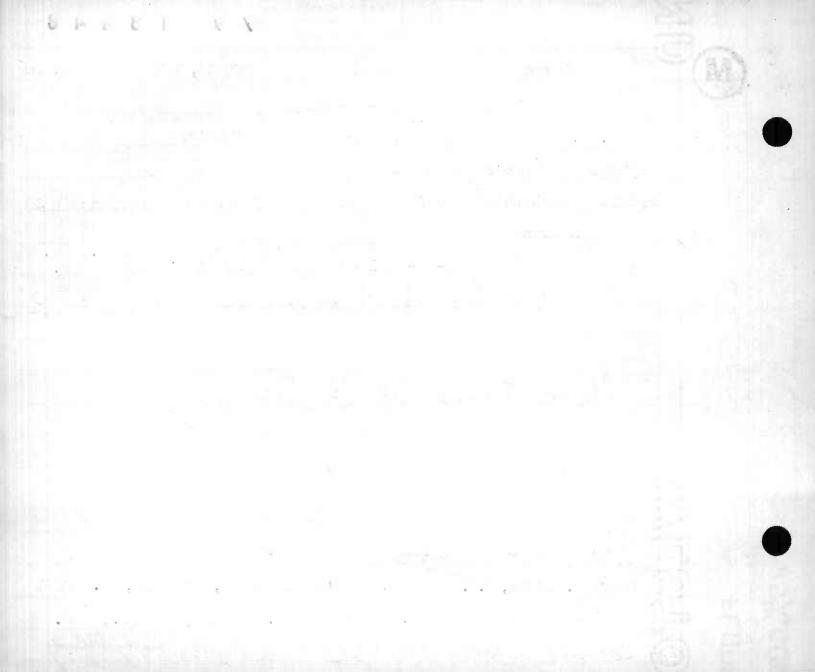
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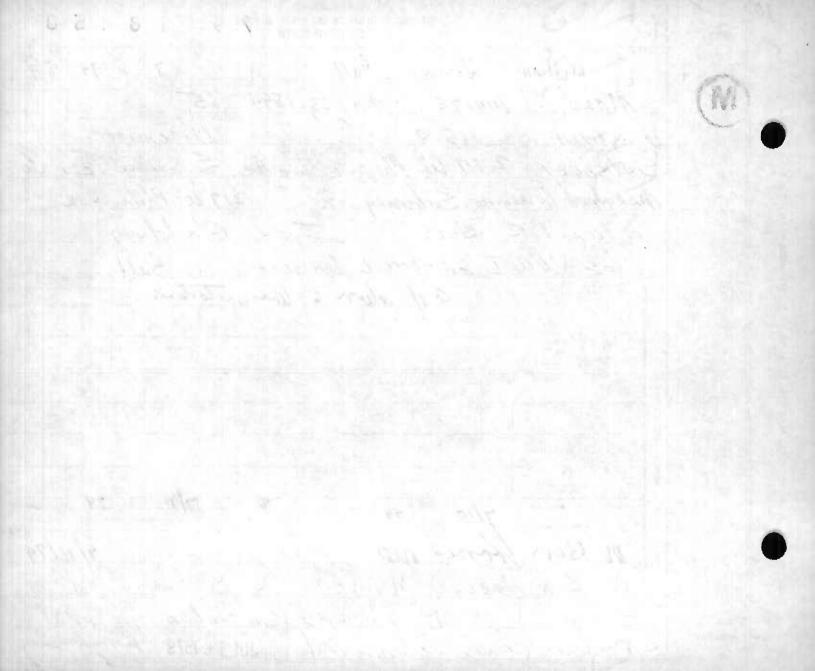


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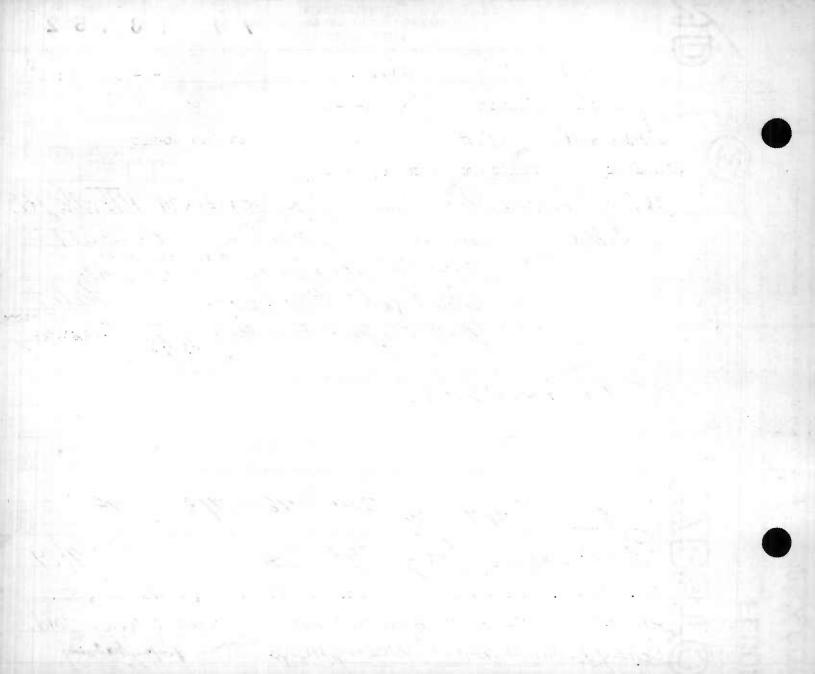
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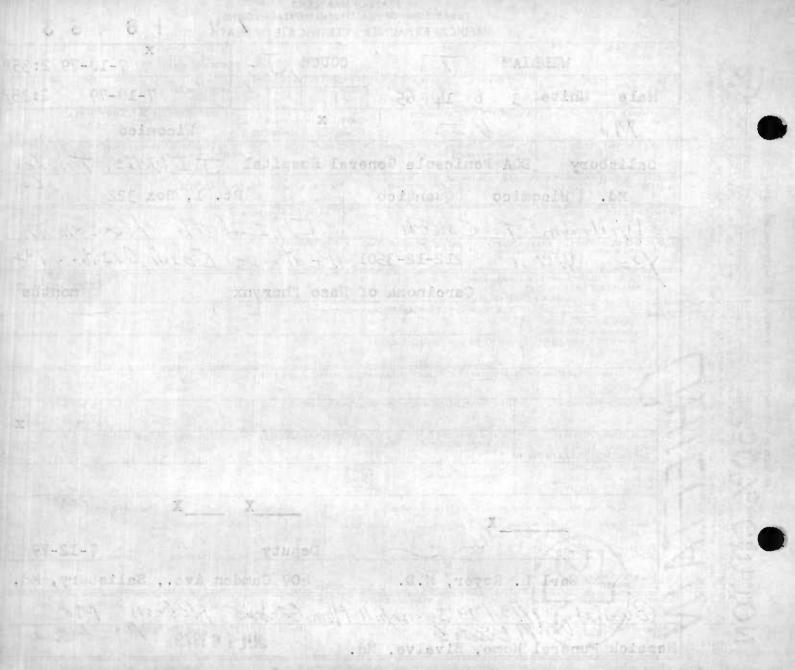




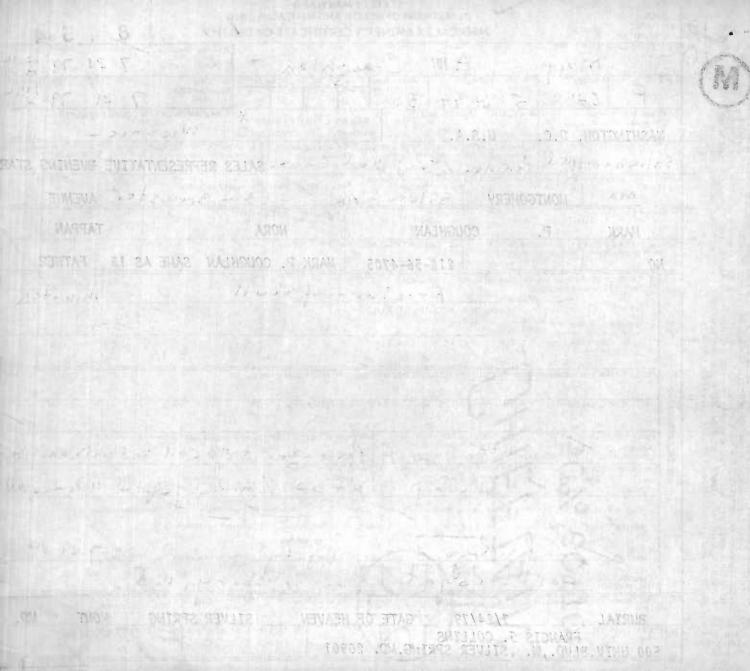
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or otherading physician. Viter this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove corbon papers. Pages I and 2 should be fille in had Mental Hygiene prior to burial, cremation, or removal.	CERTIFICATION	19a, DATE OF OPERATION	19b, CONDITION FOR V	/HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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DIVISION OF VIT ING PHYSICIAN: In ottending physic after this certificion os the buriol-tron ith and Mental Hy norked or Item 18	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211. LOCATION	CITY OR TOWN	COUNTY STATE
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OR ATTEN he hospital DIRECTOR roched for u E Dept. of He		above, M (we) (did) (did not	view the body offer death.	DEGREE ATTENDING	0 7	22c. DATE SIGNED
by the by	1	22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	PHYSICIAN 222 AND PRESS	DIRECTOR PHYSICIAN	0 1 1 12 19
TO HOSI retained TO FUN should b with the	230.	BURIAN CREMATION, REMOVAL	1236 DATE	23c. NAME OF CEMETERY OR CREMATOR	Y 1230/LOCATION	, Solistery M
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Y REGISTRAR REG. NO. DECEASED NAME 20 DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-12:12 A NN Mar DEATH MATED A 4 RACE AGE INTERN . SEX DATE OF BIRTH IF UNDER 24 HRS. DAY DATE HOUR MONTH 2:12 YEAR LAST MATHOWY PRONOUNCED ALC O YRS A To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) WIDOWED 100MICO WASHINGTON DIVORCED 126. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b, KIND OF BUSINESS OR INDUSTRY EVENING STAR RECORDS, USUAL RESIDENCE 13d. INSIDE CHY LIMITS? 1136. COUNTY 13ª STATE 13e STREET ADDRESS **AVENUE** Brews NO [VITAL 14. FATHER'S NAME SMOTHER'S MAIDEN NAME AND 2 MIDDLE MIDDLE TAPPAN NORA MARK COUGHLAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS DIVISION FATHER MARK P. COUGHLAN SAME AS 13 218-56-4705 CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HYGIENE, PART I DEATH WAS CAUSED BY Milutec IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES NO P DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY THE HOW IN JURY OCCURRED LENTER NATURE OF INJURY IN ITEM IS PART LOS PART 2 SHOULD HOUR A.M. MONTH DAY YEAR L OR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21201 PRIOR 21f. LOCATION 21e PLACE OF INJURY AT WORK AT WHILE STATE 22a. I certify that I took charge of the remains described above. ond in my opinion deoth resulted from: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE THE OPAGE 4 SHOU TO FUNERAL IN AFTER DEATH, BALTMORE, M. DATE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT ADDRES 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY GATE OF HEAVEN SILVER SPRING MONT MD. BURTAI 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1254 TEGISTRAP & SECTION TURE UNERAL DIRECTOR FRANCIS J. AGOLLINS
500 UNIV.BLVD.W. .SILVER SPRING, MD. 20901 DHMH - 17 (VR A15 ME (5)) 15M 7/77



				STATE OF MARYLAND				
	11.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE 1	0 1 57 17		
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27	To BI	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR CO	UNTY OF DEATH		
25		MARYLAND	U.S.A	WIDOWED DIVORCED	Wicomico	MD		
2017	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR		
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1		Md. I Wa	OR. OCEANO		Box 38			
200	14. FA	ATHER'S NAME	MIDOLE LAST	IS MOTHER S MAIDEN NA	AME	1457		
\$ 50		FRANK	GROPP	, , , , , , , , , , , , , , , , , , , ,	7 7	TRUITT		
dicol d	16a V	VAS DECEASED EVER IN U.S. AF	F WAR OR DATES)	URITY NO. 17 INFORMANT	ADDRESS			
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or ather		underlying couse lost (C). Heavy Smoking						
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s ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		OFYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?		
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5 9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RED CENTER NATURE OF INJURY IN ITE	(M 1B, PART 1 OR PART 2)		
or Item	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19				
morked or	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
		AT WORK						
Ē			ital) attended the deceased from	1 /				
n 21			ot view the body ofter death.		death accurred on the date on	nd hour and from the causes stated		
ote Dept.		22b. SIGNATURE	2 - 1 - 1	DEGREE	AAEDICAI STAEE	221. DATE SIGNED		
41		July-	Harring -		MEDICAL STAFF DIRECTOR PHYSICIAN [1/24/79		
RTAL		224 PHYSICIAN'S NAME (TYPE C	OR PRINT!	22e ADDRESS	= 1 1 M d	212-7		
with the Stote		BALK-1	4GARWAL	P.G.H. S	alesbury Md.	. 21801		
5 3 ≦	23a B	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		
- 50	1	BURIAL	7/25/79 5	UNSET MEM. PARK	BERLIN	War md		
/75	24 FL	UNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE		
	7	Raw B. Pretty	man 109 Wm. S	ST BERLIN, Md. JU	1311979	infray/Methoday		

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The state of the s

	1		STATE OF MARYLAND	
	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENEY REG. NO. 1 8	456
# E		OR PRINT) JOHN	Dashiell TR July 2	9 1979 545 M
(M)	3. SE	MALE	NEURO 4 29 YEAR 61 YRS MON	
death P	0	OUNT MATE OR FOREIGN	76 CITTLEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF WICOMICO	MD.
S the state of the	5	alisbury	Peninsula General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INJUSTINE CONSTITUTION
nin 24 hau ly filled in shauld be ef must be	130 9	TATE 13b COUI	OMICU KUITLAND YES X NO 1 313 PINE S	+ FRUITY
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ion and c	(100 V	ES, NO OR UNKNOWN) (IF YES, GIV	EWAR OR DATES) 141-16-5558 VIR GHINIA ARMSTRONGY -311	PINC St
ertificate ng physic ban pape removal		PART I. DEATH WAS CAUSE	TE CAUSE (a) MetoStalic Gyp Jot Colle	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
attending nove carl totion, ar		Canditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	
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een signe in. Then p ior to bu	CATION	(1/,	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 120 AUTOPSY? 120 IF YES, W	/ERE FINDINGS USED
N: The low hysicion.	CERTIFIC.	21a. ACCIDENT WAS UNDERLYING	200 AUTOF STEEL NO VESTIEN NO VES	G CAUSES OF DEATH?
4YSICIAN: ding phys is certifica burial-tras Mental Hy or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR	
OING PH after thin e as the b ofth and	ME	WHILE NOT WHILE AT WORK		COUNTY STATE
or ATTENION haspital in the forms of the for	,.	saw the deceased alive ar		nd from the causes stated
by the by the ERAL D e detoc	1998	774 PHYSICIANIS NAME (DATE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	7/29
TO HOSPI retained b TO FUNE should be with the Si IMPORTAN	76	DO VI TO DE LE	Targey Medical Center Salis	bury md.
BP	7	Murel DIRECTOR	18-3-19 Luen deus Ment Sales a	SISSISNATURE
HMH - 16 50M 1/76 (VR A 15 (4))	U	Det Josh	JUL 31 1979 Triffer	Melvery

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-SYLVESTER B. DILLARD SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH 71 YRS. **PRONOUNCED** Male 03 AA 10 07 DEAD 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico WIDOWED [DIVORCED I CITY OR TOWN OF DEATH HOSPITAL NURSING HOME, OR OTHER INSTITUTION 24 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 7 Delaware Ave. of OF WORKING LIFE) Salisbury RECORDS, 3 USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION 13a STATE Wicomico 130 STREET ADDRESS Salisbury 13d. INSIDE CITY LIMITS? Md. Delaware Ave. NO [14. FATHER'S MARKE 15. MOTHER'S MAIDEN NAME PAGES 1 AND MIDDLE (YES, NO, OKUNKNOWN) (IF YES, GIVE WAR OR DATES) 226-09-7359 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE SYTERYAL BETWEEN ONLET AND DEATH PART I DEATH WAS CAUSED BY: Coronary Occlusion sudden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which ASCVD gave rise to immediate vears cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Diabetes Mellitus 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 3 SHOULD BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET AT WORK AT WORK CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autapsy and in my apinian death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL I AFFR DEATH, BALTIMORE, M. Deputy DATE 7-24-79 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Earl ADDRESS 409 Royer, M.D. Camden Ave., Salisbury, Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c N ME OF CEMETERY OR CREMATORY BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTEAR'S SIGNATURE **DHMH-17** 6 (VR A15 ME (5)) Jolley Funeral Home, Salisbury, Md. 15M 7/77

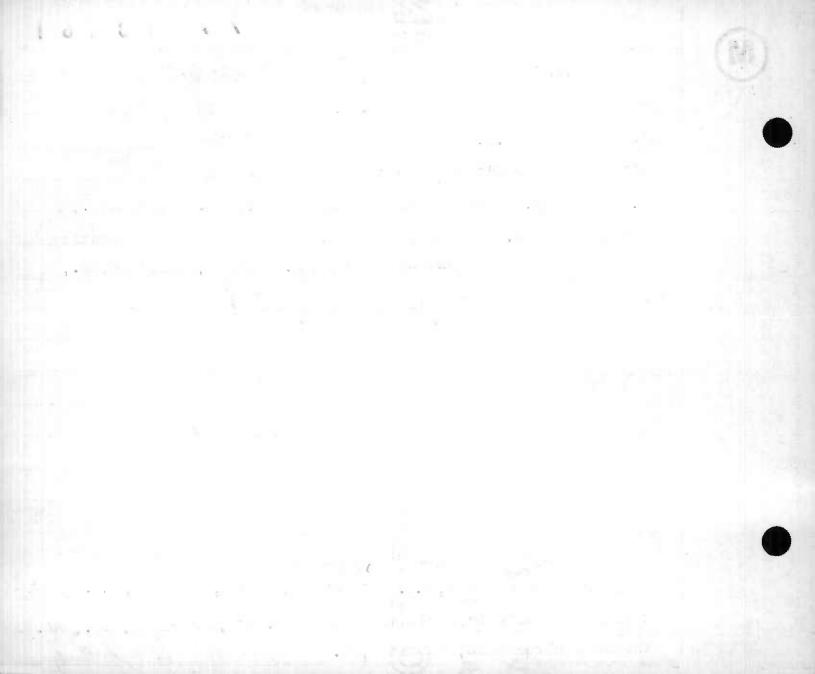
STATE OF MARYLAND

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Ų.	\$12 }			CEASED NAME FIRST OR PRINT)		MIDDLE		AST		20. DATE O			DAY	YEAR	26. HOU	R	
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8	0. 3	Ì	3 SE		4 RACE		5 DATE C		YEAR	& AGE (INY	EARS LAST BIRT	HDAY)	IF UNDER I YEAR IF UNDER 24 H				
oge	urs o			Female	Whit			Oct. 1 1892 MARRIED NEVER MARRIED WIDOWED NORCED			86	YRS					
dedm. P	aneral d	16	E	RTHPLACE (STATE OR FOREIGN DUNTRY) PLAWARE	U.S		WIDOWE				BALTIMORE CITY OR COUNTY OF DEATH Wicomico					MI	
s ofter o	ted with	1	10. CI	Salisbury	JIF NOT IN SUC	HOSPITAL, NURS CHEACILITY, GIVE STREE S Head C	T ADDRESS)	R OTHER INST	NOITUTION	12a USUAL (TYPE OF WOR Homen	K FOR MOST O	F WORKING LI	(ING LIFE) 126. KIND OF BUSINESS OF				
hours	E ag	5	USU/ 13e. S	AL RESIDENCE (IF NURSING HOME TATE	OR OTHER INSTITUTION		RE ADMISSION)	134 INSIDE C	ITY HAAITS?	130. STREET							
in 24	all of C	20		Md. Do	or.	Cambrid		YES 💢	NO 🗌	318	E.Ar	pleb	v A	ve.	•		
uted with	d 2 2	101	I4 FA	THER'S NAME	WIDDLE	LAST			FIRST	ME	WIDDLE		. 1	LAST			
	m - (17/		Joseph	W.	E11			dith	Rek	PECCE		Wh	eat	ley		
oe exec	signed by the attending physician and then please remove corbon poper. Page to burial, cremotion, or removal into a other fraumatic event the	2		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	VE WAR OR OATES)	212-74		Ralp	h A.Es	krido	ADDRE	33	dge	, Md	. ,		
quires that the death certificate b		injury, or other troumatic event, the	NOI	18 CAUSE OF DEATH (Enter PART L DEATH WAS CAUSE OF	DUE TO, O DUE TO, O DUE TO, O (b) DUE TO, O	R AS A CONSEQUENCE AS A CONSEQUENCE	JENCE OF	NOT RELATED	TO THE TERM	Jene Diseas	E OR CON	DITION GIV			MATE INTER	VAL DEATH	
he low i	hos ene	shows ony	CERTIFICATION	19a DATE OF OPERATION	1% COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20a AUTO	NO 🕅	20b. IF YES IN CERTIF	S, WERE	FINDIN AUSES (GS USED OF DEAT	H?	
SICIAN T	riol-tror entol Hy	9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.	.M. MONTH (DAY YEAR		JURY OCCURE	RED (ENTER NA	TURE OF INJUR	Y IN ITEM 18, F	PART I OR P	AR† 2)			
offend	fter this os the bu	orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	, FARM, ETC	211_LOCATION STREET	N		CITY OR TOW	/N	COUR	ITY	STA	ATE	
spital or	CTOR. A I for use of Healt	21 is mo		22a.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did r	n	19		d that in (my)	19 (our) opinion (, to death occurre	ed on the do	ote and hou	19r ond fro		hot (I) (w ouses sto		
PITAL ST.	FUNERAL DIRECTOR of the Stote Dept.	AN Head		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	EVERT	cherge	,MF	DEGREE 220 ADDRES		MEDICAL DIRECTOR	STAF		7	DATES	19		
O HOSPIT efoined by	should be det	- A		Edward Pey	ton Rite			Deer's	Head			isbur	у, М	.D.	218	301	
ВР		-	(1	urial, cremation, remova ""Burial Ineral director	July .	19,1979	Doro		r Mem.	Park EREC'D. BY	Camb	ridge 256. REGIST	COUNTY PAR'S S	GNATU	STA MC		
(VR	HMH-16 20 A 15, 4) 7	/78		Thomas Fune	eral Ho	me, Camb	ridge	,Md.			779	Print	myh	fell	anily.		



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NAME

(VR A 15 (4))

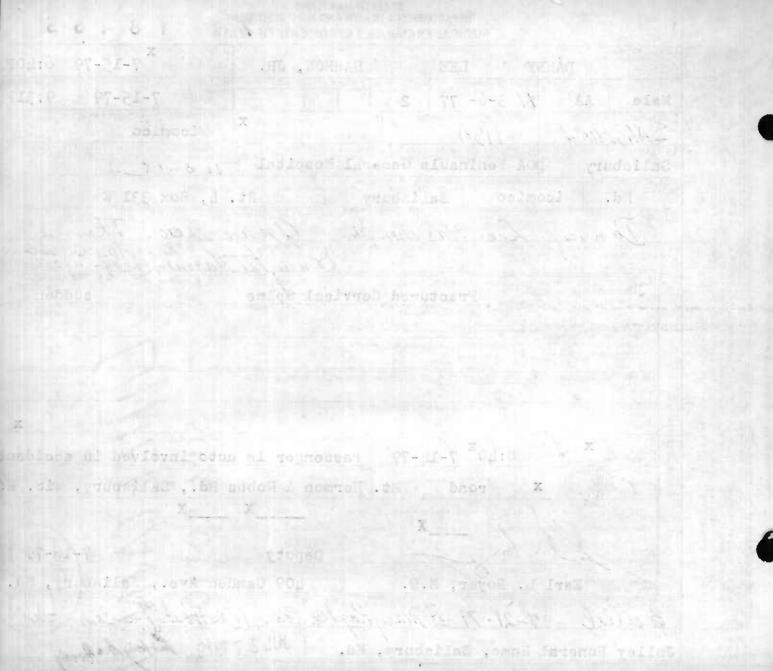
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	STATE REGISTRAR DECEASED NAME FIRST	MEDICAL EXAM	MINER'S CERTIFICATE OF	DEATH REG. NO.	7 9 7
	YPE OR PRINT)	JAH E	FOREMAN	OF ESTI- DEATH MATED 7	27 79 75. H
11	ex 4. RACE male black	MONTH DAY YEAR LAST!	(IN YEARS IF UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE MONTH PRONOUNCED 7	27 79 4:
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	
7 10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOT INSUCH FACILITY, GIVE STREET ADD Rt. #1 Box 147-C	HOME, OR OTHER INSTITUTION	28 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINES OR INDUSTRY
	UAL RESIDENCE (IF IN NURSING HOME COUN LOOK)	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSION)	3e. STAFFT ADDRESS DX 147	10
7 14.	FATHER'S NAME FIRST	MIDDLE FAYOR	15. MOTHER'S MAIDEN		LAST
2 160	(YES, NO, OR UNKNOWN) (IF YES GIVE	MED FORCES? 16b. SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRESS	7-20-2
-	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI	ly one couse per line for (o), (b), and (c		/ 1	APPROXIMATE INTER BETWEEN ONSET AND
		E CAUSE (a) SNOTGUN WO	und to the abdomen	(shotgun)	
	Conditions, if ony, which gove rise to immediate	(b)			1 1 1 20
	cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		as Mil
z		(c)CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (a).	
- STA	196. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
				£ .	YES 🔀 N
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		YEAR 9 shot by polic	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	ART 2)
AFDIC	21d. INJURY OCCURRED WHILE DOT WHILE C	21e. PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	ME, 21f LOCATION		DUNTY
1	AT WORK AT WORK	home	Rt.#1 Box 147-	C Newark, Maryla	ind
1	The second second second	e of the remains described above, held	X X	, Inquiry , ond in my o	pinion
1	death resulted from: Notus	ol couses , Accident ,	Suicide, Homicide, TITLE (SPECIFY)	Undetermined monner,	
4	ACTUAL SIGNATURE	te the Will	M.D. Assistant	_MEDICAL EXAMINER SIGN	7/27/79
7	EXAMINER'S NAME (TYPE OR PRINT)	largarita A. Korel	1, M. D. ADDRESS 111	Penn Street	
73a	BURIA CREMATION REMOVAL	IL DATE 23c. NAME C	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN COL	UNITY SALE
26,	MERAL DIRECTOR	0-1-79 Wm	G HM - AZSO DATE HE	Newast 4	SIGNATURE
1.1	Mille nem	ma Odani - x	Allsower All	CO 6 1979	4 McCready

STATE OF MARYLAND

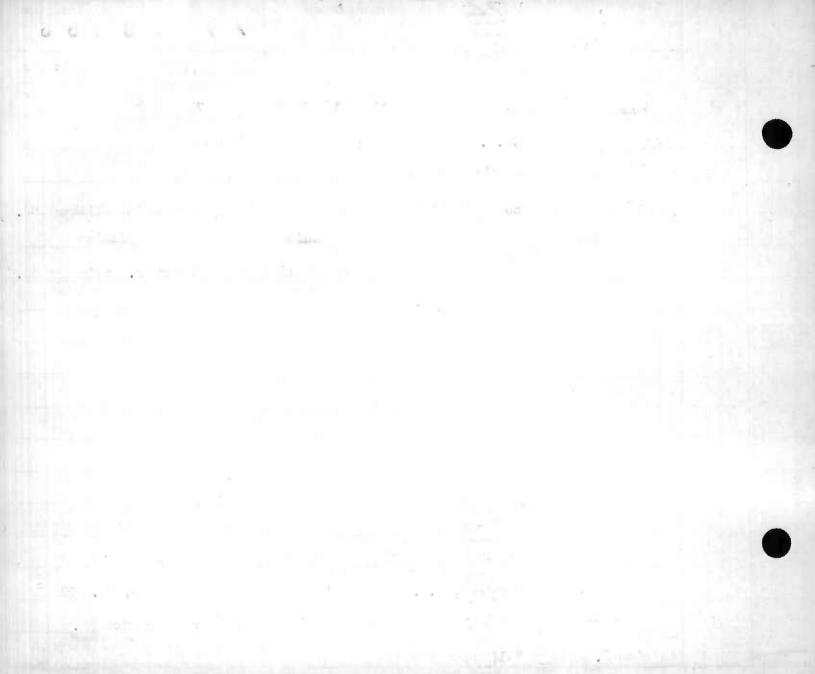
80.8 i see too ...

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF PEATH REGISTRAR I. DECEASED NAME KNOWN TO (TYPE OR PRINT) OF ESTI-DEATH MATED DANNY LEE HARMON. JR. 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE 3-6-LAST BIRTHOAY PRONOUNCED Male AA 9:31 P DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico DIVORCED PAGE 5 E PRED. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS General Hospital OR INDUSTRY Salisbury SHOULD BE P USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Wicomico Rt. 4, Box 331 E 13a. STATE Salisbury 13d INSIDE CITY LIMITS? BALTIMORE, MD. 21201 Md. PAGES 1 AND 2 S 14. FATHER'S NAME 5. MOTHER'S MAIDEN NAME 166. SOCIAL SECURITY NO ARMED FORCES (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY Fractured Cervical Spine sudden DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES NO T IL DIRECTOR: PAGE 3 SHOULD BE H, WITH THE STATE DEPARTMENT MARYLAND, 21201 PRIOR TO BURI 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING MEDICAL 7 - 14 - 79Passenger in auto involved in accident CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED FORWARDED road WHILE AT WORK Hermon & Hobbs Rd., Salisbury, Wic., Me Inspection X Inquiry X TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autapsy and in my apinian Accident X Natural causes Undetermined manner Hamicide TITLE (SPECIFY) 7-16-79 Deputy SIGNATURE MEDICAL EXAMINER NAME Earl L. Royer, M.D. 409 Camden Ave., Salisbury, Md. (TYPE OR PRINT) ADDRESS. BP **DHMH - 17** (VR A15 ME (5)) Jolley Funeral Home, Salisbury, Md. 15M 7/77



STATE OF MARYLAND

Items 5.6 g534 8/16/79 gj



BP.

(VR A 15 (4))

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 4 6 7			
	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
	Pierce	Ε.	HARMON		0 19 NA			
	3 SEX	4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
	Male	Negro	10 28 1902	76 YRS	MONTHS DAYS HOURS MIN			
7:	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
1			WIDOWED DIVORCED	Wicomico	M			
1	Salisbury	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESSI LETAL HOSPITAL	120 USUAL OCCUPATION 126 KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FARMER				
5	USUAL RESIDENCE (IF NURSING HOME O 130 STATE RIF COUL Maryland Some			Rt.1 Box 10 Ede	en Maryland			
10	14 FATHER S NAME Charles	MIDDLE Harman	15. MOTHER'S MAIDEN NA Laura		Hudson			
2	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU 220-12-		ADDRESSRt. armon Eden, Mary	l Box 10 land			
					APPROXIMATE INTERVAL			

PART I. DE ATH WAS CAUSE	D BY TE CAUSE (0) 67 bleeding		BETWEEN ONSET AND DEATH
3789 IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF		
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF		
PART 2 OTHER SIGNIFICANT (CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TEI	RMINAL DISEASE OR CO	NDITION GIVEN IN PART 110
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

CITY OR TOWN

NO

COUNTY STATE

22a | certify that (I) (this hospital) attended the deceased from sow the deceased olive on obove, (1) (we) (did) (did no

22b. SIGNATURE

DEGREE 22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

HORNER WILLIAM

St. Mary's Cementery

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 1/75

CERTIFIC

MEDICAL

Climton F. Stewart

230 BURIAL, CREMATION, REMOVAL BURIAL

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

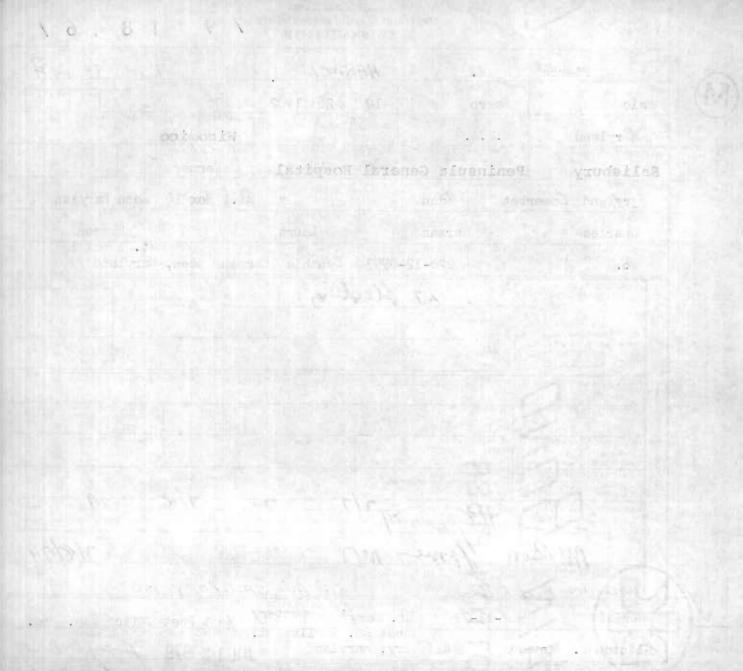
236 DATE

7-13-79

West Rd. & Ulivaso Dig REC'D. Salisbury, Maryland

West Post Office Som.

"D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR

- STATE

STATE OF MARYLAND

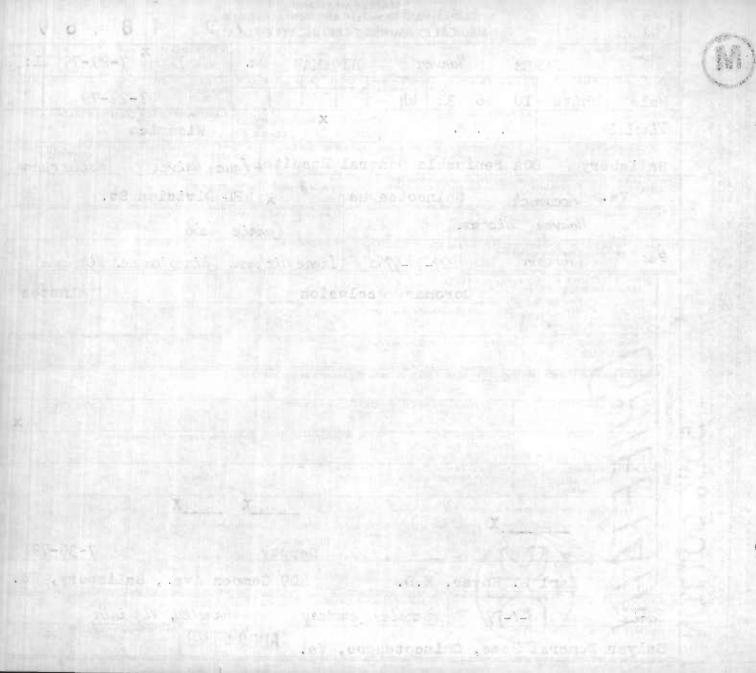
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGUNE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN DE (TYPE OR PRINT) OF ESTI-JAMES Harvey HICKMAN 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR MONTH LAST BIRTHDAY PRONOUNCED 7-29-79 10 Male White 10 6 7g. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia Wicomico DIVORCED WIDOWED B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS A Peninsula General Hospital OR INDUSTRY Salisbury Driver Hol Lu tarms 3. RETAIN P. SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? RFD Division St. Va. Chincoteague NO M Accomack YES PM S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harvey MIDDIHICKMAN Webb arrie 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS DIVISION MES NO. OR UNKNOWN) (IFINES, GIVE WAR OR DATES) Korean Irene Hickman. hinco tearue. Virginia CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET, AND DEATH PART I DEATH WAS CAUSED BY: Coronary Occlusion minutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? FORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USEI THE STATE DEPARTMENT OF H YES [] NO T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinian PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAND Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) DATE 7-30-79 ACTUAL Deputy SIGNATURE MEDICAL EXAMINER ADDRESS 409 Camden Ave., Salisbury, Md. EXAMINER'S NAME Earl L. Royer, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Parksley, SPECIFY) Burial Parksley (emetery Virginia BP. 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Salver Funeral Home, Chincoteague, 15M 7/77

STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS 30 Willie Bel' 1 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAS BIRTHDAY) MONTH DAY YEAR female white Feb 1890 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico Virginia WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFET (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Salisbury Peninsula General Hospital housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSI) HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 131C CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Worcester Pocomoke Maryland Second Street YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME C FIRST MIDDLE LAST FIRST MIDDLE Seth Mittie Franklin Bell Route #1, Box 304 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Howard Pocomoke City no Md APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse tot, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES TINOT YES [NO F 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from _ sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not view the body ofter death 22b. SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Wilbur 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b DATE Burial COUNTY Salem Meth. Cem. Pocomoke Worcester Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4)) Pocomoke City. Md

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	1.5E	Х.	4. RACE	5 DATE OF BIRTH		ARS IF UNDER 1 YR	IF UNDER 24 HRS		MONTH	30 1979 DAY YEAR	2d HOL
	F	'emale	Black	2 27	79 LAST BIRTH	RS. 5 DAYS	HOURS MIN	PRONOUNCED . DEAD	7	30 179	10:
		BRTHPLACE (1)	ATE OF	76 CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	VEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
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	000	alisbur	State of the state	(IF NOT IN SUCH FAC	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) La General	,	TUTION 112a U	SUAL OCCUPATION (T DR MOST OF WORKING LIFE)	YPE OF WORK	12b. KIND OF BI OR INDUST	USINESS
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		Michel		MIDDLE	James	.Te	enovera	MIDDLE	I	Hargis	
ļ	16a.		EVER IN U.S. ARM		166. SOCIAL SECURI			ADDRE:	SS	TALBID	
			(18.163, 0116.1	74 04 04 (6)		G	loria Ha	rgis			
		IB CAUSE O	F DEATH (Enter only	one couse per line	for (o), (b), and (c).)					APPROXIMAT BETWEEN ONSE	TE INTERVAL
		PARTIDE	ATH WAS CAUSED	BY: Suc	den Infant	Death Sv	ndrome			BEI MEEN ON 25	ET AND DEA
		1798	IMMEDIATE		AS A CONSEQUENCE		marome				
		Condition	ns, if ony, which	00010,011	NO IN CONTOCUOENCE						
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		lying cou	stofing the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF					
		-		(c)						15.31	
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1	5			170. CONDIT	ION TOX WHICH OF E	WASTERIO	JAMED:				
	- 2	TIL EVTEDNIA	L CAUSE WAS	21b. TIME OF	IN CHI IPM	Ta: House			- M	YES X	NO 🗌
1		UNDERLYING			MONTH DAY YEA	R / It. HOW INJUR	KY OCCURRED IENTE	R NATURE OF INJURY IN ITEM	8 PART 1 OR PAR	IT 2)	
	MEDICAL	CONTRIBUTI	NG CAUSE OF DI		19					MEN BI	1
	AED	21d. INJURY C	CCURRED		OF INJURY (AT HOME,	21f LOCATION STREET		CITY OR TOWN	COU	INTY	STATE
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		22a. I certif	ty that I took charge	of the remains deed	ribed obove, held/bn	Autopsy X	Inspection ,	Inquiry .	ond in my op	inion	
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-		SIGNATURE	411	V 6/1	- INNOW	M.Dept	ity ChiefME	DICAL EXAMINER	DATE	0 7/31/	1/9
5	1	EXAMINER'S	NA DO	D 0 :	1 11 5						
7	4	(TYPE OR PRIN	Inoma	s D. Smit	th, M.D.	ADDRESS	111 Penn	St. Balto	o., MD		
	23a. B	SURIAL, CREMA	TION, REMOVAL 23	b. DATE	23c. NAME OF CE	METERY OR CREMA	TORY 23d.	LOCATION TY OR TOWN	COUN	NTY 6	STATE
	1	Buria	1 8	3-2-79	Green	Acres		Salisbury			Md.
		UNERAL DIREC	TOR				250. DATE REC'D.		GISTRAR'S A		
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENTY 9 1 8 4 7 CERTIFICATE OF DEATH								
		CEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEATH MON	TH DAY YEAR	2b. HOUR			
	(ITPE	MAGG:	IE Mirgaret Gun	DAY JA	MES	JULY 10. 19	979	1:10pm			
	3 SE	X	4 RACE	5 DATE C		6 AGE IN YEARS LAST BIRTHDAY					
	1	EMALE	Negro	MONTH 2	28 95	84	YRS DAY	YS HOURS MIN			
7	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY OR CO					
5	H	combe Md	U.S.A.	WIDOWE	. /	WICOMICO.		MD.			
11	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		R OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR			
	S	SALISBURY	DEER'S HEAD C			domestic	RKING LIFET INDUSTR				
2 0	USUA 13n S	AL RESIDENCE IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS					
3	100. 0	Md No	ræster Polon	mke	YES NO W	Bux .	312				
	14. FA	THER'S NAME	Andre O LAST	Ka K	15. MOTHER'S MAIDEN NA						
0		VILLAM.	H. Gumt	11/	Anna	MIDDLE	Uo.	NES			
_	160 V	VAS DECEASED EVER IN U.S. A		CURITY NO	INFORMANT	ADDRESS	RALtiman	0			
P	1,	154-22-1554 AMA COMPAND ALP DACTIMO									
	1 1	18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
		DADT L OF ATLIANAC CALL									
		IMMEDIATE CAUSE (o. Advanced ASCVD with chronic congestive failure									
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (to Generalized arteriosclerosis									
		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
		underlying cause last									
		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING T		Syndrome NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART	110			
	NO										
0	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		. IF YES, WERE FIND				
1	IF					YES TO NOTE	YES T	NO T			
3	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2	2)			
1		OR CONTRIBUTING CAUSE OF E		DAY YEAR	The Mark A						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION		U - I - Line				
	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY	STATE			
			spital) attended the deceased from	n June	9 0/1 19 79	July 10	. 19 79	_, that (K(we) last			
		saw the deceased alive	on July 10 19	79 01	nd that in (Xy) (our) opinion (death accurred on the date of	and hour and from t	he couses stated			
		27b. SIGNATURE	And view the body offer death.	1, ,	DEGREE	Harry Williams	22c. DA	TE SIGNED			
		+1, VV	, werg	41	ATTENDING A	MEDICAL STAFF DIRECTOR PHYSICIAN	7.	-10-79			
1	7.7	224 PHYSICIAN'S NAME (TYPE	E OR PRINT)		220 ADDRESS	- CALCOOK _ PROJECTAR					
1		R. M. Wilber	rg. M.D.		Deer's Head	Center, Salis	shurv. Md	21.807			
	23o. E	BURIAL, CREMATION, REMOVA		It. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
	(SPECIFY) BURIAL	7-16-79 H	YAII H	Il Cemeter	Promoke	Worcest	be Md.			

DHMH - 16 50M 7/77 (VR A 15 (4))

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24. FUNERAL DIRECTOR

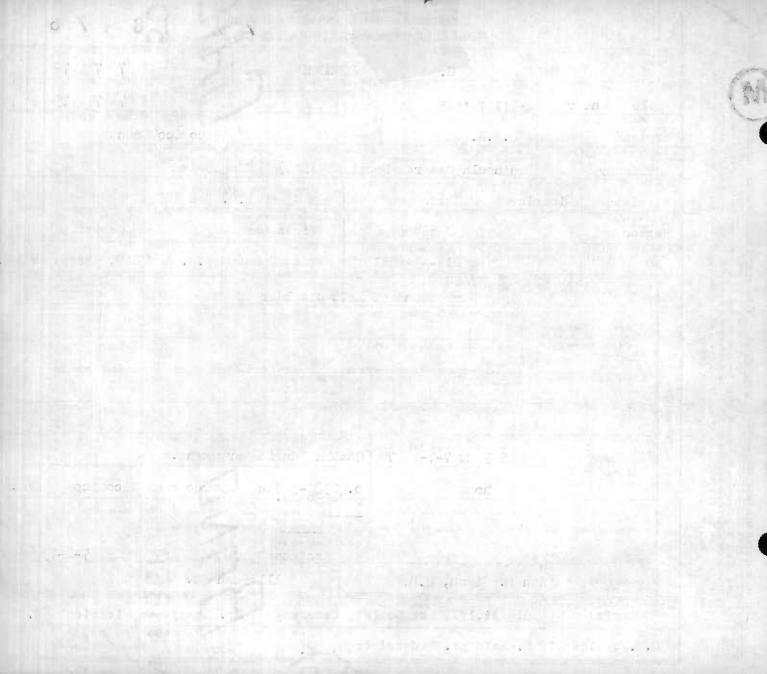
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENG FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) 10 79 DONALD JOHNS ON DEATH MATED G. IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH & AGE IN YEARS IF UNDER 24 HRS 24 HOUR 2c DATE LAST BIRTHDAY) PRONOUNCED 1979 9a M DEAD male negro April 7 1945 34 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. Wicomico County DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
King Cole Peninsula General Hospital Salisbury USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY Sharptown 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 269 DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 2120 Maryland Wicomico 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Camper MIDDLE ANIDDI S John son Viola Mae Herman 16b. SOCIAL SECURITY NO. 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 215-44-6891 Herman Johnson F.O. Box 269, Sharptown, MD CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stab wound of left shoulder IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 2 Tc. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING TO OR 2:39xx 7-7-Stabbed during argument. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 2TF LOCATION TO MEDICAL EXAMINER: THIS CE RECUTE THE CERTHICATE, WRITH PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE STREET, FACTORY, FARM, ETC.) Mardela Wicomico Md. WHILE AT WORK house 22a. I certify that I took charge of the remains described above, held an ond in my opinion Homicide X Undetermined monner death resulted from: Natural couses Accident TITLE (SPECIFY) ACTUAL 7-8-79 AFTER DEATH, BALTIMORE, MA Assistant SIGNATURE 111 Penn St. Ann M. Dixon, M.D. EXAMINER'S NAME TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL CREMATION, REMOVAL 236. DATE (SPECIFY) Burial July 23d. LOCATION Nr. Sharptown Wicomico July 11,1979 San Domingo Cemetery BP_ 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** D.B. Hawkins 216 N. MaThesSt. Federalsburg, Md (VR A15 ME (5) 15M 7/76



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO. 7s. DATE OF DEATH MONTH 7b. HOUR

- STATE REGISTRAR I DECEASED NAME (TYPE-DE PRINT) 1. 5EX 5. DATE OF BIRTH AGE (IN YEAR) (AST BIRTHDAY) IF UNDER 1 YEAR IF UNDOKZANIES MCPHINS BAYS HOURS. THE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE ISTATE OF POREIGN MARRIED NEVER MARRIED Diesmile DIVORCED IX WIDOWED OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17s USUAL OCCUPATION 17% ACIND OF BUSINESS OR (TYPISOF WORK FOR MOST OF MORPHS LIFE) INDUSTRY Domeslie Youse, ISMAL RESIDENCE IF HUMBING HOME OR OTHER HISTORICS GIVE RESIDENCE REPORT ADMISSION TO STATE 1136 COPYLOR TOWNS 13d INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME A FATHER'S NAME ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17. INFORMAN THE HOPE WINDOWN! | THE YEST CHE WAN OF DATEST II. CAUSE OF DEATH Enter only one couse per PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE IN DUE TO Conditions, If any, which gave rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. Ho: 20s AUTOPSY? 706. IF YES, WERE FINDINGS USED 196 DATE OF OPERATION 19L CONDITION FOR WHICH OPERATION WAS PERFORMED. IN CERTIFYING CAUSES OF DEATH? YEST NOT YES [NO F 715. TIME OF INJURY THE HOW INJURY OCCURRED. (INTERNATURE OF INJURY WHITEM HE PART I OR PART 2) 71s. ACCIDENT WAS UNDERLYING. HOUR AM MONTH DAY YEAR OR CONTRIBUTING [| EAUSE OF DEATH (HEITHER, MOTHY MEDICAL EXAMINER) III LOCATION THE INJURY OCCURRED 71s PLACE OF INJURY OTT OF TOWN COUNTY STATE AT HOME STREET PACTORY, OFFICE PARM, ETC.) 27s.3 certify that (It (this haspital) attended the that (I) (we) fast our) opinion death occurred on the date and hour and from the causes stated Ard not view the to DEGREE MEDICAL STAFF ATTENDING PHYSICIAN PHYSICIAN NAME OF CEMETERY OR CREMATORY

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STATE OF MARYLAND

	FOR T - STATE REGISTRAR	DEPARTA	CERTIFICATI	AND MENTAL HYG	REG. NO.	184	7 9			
	DECEASED NAME FIRST Dougla	s D.	Ja /1.	4	July 9	ONTH DAY YEAR	26. HOUR 450 AM			
	Male	Negro Negro	5 DATE OF BIRTH	5 1907	6. AGE (IN YEARS LAST BIRTHE	YRS DAYS				
5	Mary VafidA	U.S.A	WIDOWED	JEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH Wicomico					
1	Salisbury	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Ger	neral Ho		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Painter		OF BUSINESS OR			
5	USUAL RESIDENCE (IF NURSING HOME OR O' 130. STATE Md. 13b. COUNT' WICOM	THER INSTITUTION. GIVE RESIDENCE BEFORE Y. ICO Salisbu	ry 13d IN		130 STREET ADDRESS	ground Br.				
1	14 FATHER'S NAME Doughas	D. Josly		Sarah	MIDDLE		uston			
	160 WAS DECEASED EVER IN U.S. ARMI			th Jolly	1006 Færrg Salisbury,	Maryland				
	PARTI. DEATH Enter only PARTI. DEATH WAS CAUSED IMMEDIATE Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.		NCE OF	with fo	ny metod	Tons BETWEEN	XIMATE INTERVAL NOMET AND DEATH			
7	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO D			20a AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED			
	OR CONTRACTOR OF CAUSE OF CALLED	216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 19	OW INJURY OCCURR	YES NO	YES	NO 🗆			
	OR CONTINUED IN CASE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		OCATION STREET	CITY OR TOWN	COUNTY	STATE			

22a.1 certify that (1) (this haspital) attended/the/deceased from saw the deceased alive an abave, (1) (we) (did) (did not) vire th 226 SIGNATURE

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF PHYSICIAN [

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated THE DATESIGNE

(TYPE OR PRINT)

23b. DATE 7-14-79

23e ADDR

230 BURIAL, CREMATION, REMOVAL DHMH - 16 60M 1/75

TO FUNERAL DIRECTOR

(VR A 15 (4))

24 FUNERAL DIRECTOR CLAIM ton F. Stewart

Green Acres Memorial Salisbury Wicomico

West Rd. & Olivers bate Rec'd. By Registrar 25b. Registrar's Signature

Salisbury

Wicomico

Salisbury, Maryland

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1.0	REGISTRAR			DICAL EXAMIN	EK 3 CEKIII	ICATE OF		REG. NO.		7
	ECEASED NAM			MIDDLE	LAST	0	20. DATE KN	ESTI-		2h HO
		EDWARD			JONES		DEATH M	ATED X 7-	2- 119	A
3. 51	Male		DATE OF BIRTH MONTH DAY 2/17/190	7 YEAR 6. AGE (IN YEAR LAST BIRTHDA 72 YR	Y) MONTHS DAYS	HOURS A	PRONOUNCE DEAD	July 3	Bl 1979	
5	BIRTHPLACE OF FOREIGN COUNTRY MARYLAN	d .	USA	BAT COUNTRY?	8. MARRIED N	DIVORCED	WICOM	1-ph		Α.
2	Salisbu	ry	620 E.	pital, nursing home cility, give street address) Church Stree	et		FOR MOST OF WORKING	IG LIFE)	OR INDUS	TRY
13c.	JAL RESIDENC STATE Jarylan	13b. COUNTY		RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN Salisbury	13d. INSIDE		3e. STREET ADDRESS	Church S	Street	
14. 1	FATHER'S NAM FIRST Edwar		MIDDLE	LAST Nes		HER'S MAIDEN	NAME . MIDD	DIE .	LAST	
1	WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY	NO. 17. INFO			ADDRESS ITO Mt		
1	IR CAUSE	OF DEATH (Enter anly	ana sausa ner lina	220-12-178	84 Mrs.	Earl E	Bethards(s	sister) S		TE INTERVAL
	490	DEATH WAS CAUSED IN IMMEDIATE ans, if any, which	CAUSE (a)	Pulmonary I	-				yea	rs
	cause (rise to immediate a) stating the <u>under-</u> ouse last.	DUE TO, OR	AS A CONSEQUENCE C	DF.					
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IFICATION		SIGNIFICANT CONDITIONS CO		BUT NOT RELATED TO THE TERMI			Ι (α).		20. AUTOPS	
AL CERTIFICATION	19a. DATE C	DF OPERATION NAL CAUSE WAS	19b. CONDIT	INJURY MONTH DAY YEAR	ATION WAS PERFO	DRMED?) (0).	Y IN ITEM 18 PART I OR	YES 🗆	Y?
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Salisbury Peninsula General Rospital.

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	FOR STATE REGISTRAR		ALTH AND MENTAL HYGIE CATE OF DEATH		8 4 8	3
1	DECEASED NAME, FIRST	a LAYA	51 =/ELD	REG. NO. DATE OF DEATH MONT	1 1000	HOUR 2
3	Female 1 RAG			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF	UNDER 24 I
9 7 7 To 10	BIRTHPLACE ISTATE OR FOREIGN 76 CIT	IZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED	LI NEVER MARRIED LI	BALTIMORE CITY OR CO Wicomico		
28 notified	Salisbury Pen	AME OF HOSPITAL, NURSING HOME OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! NINSULA GENERAL	Hospital	26 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUILDING LIFEL INDUSTRY	USINES
r must	SUAL RESIDENCE, IF NURSING HOME OR OTHER IN 10 STATE 135 SOUNTY 136 SOUNTY	nico Nanticola	YES NO	3e STREET ADDRESS	+349	
exom	JESSE RE	Trallet=	15. MOTHER'S MAIDEN NAME	Y MIDDLE	1 X/0 XIST	
e medicol	WAS DECEASED EVER IN U.S. ARMED FO (YES, M. ORUNKNOWN) (IF YES, GIVE WAR OR	ORCES? 166 SOCIAL SECURITY NO. R DATES) 217-48-81	17 INFORMANT 24 Estellé	Enst, N.	Inticoke	M
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ows ony in	190. DATE OF OPERATION 19 210. ACCIDENT WAS UNDERLYING 21	b condition for which operation	WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES TO	S USED DEATH
- 7	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21.		216 HOW INJURY OCCURRED 216 LOCATION STREET	CITY OR TOWN	EM 18, PART 1 OR PART 2) COUNTY	
is morke	WHILE NOT WHILE 2001 AT WORK 2001 Certify that (I) (this hospital) att	-111	that in (my) (our) opinion dec	. to 7 1 C	, 19 7 , that	t (I) (we
IMPORTANT: If Item 21	obove. (I) (we) (did) (did not) view 22b. SIGNATURE CUULLU O	the body ofter death.	EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIG	
MPORTANT		LLIS	KAY AUE.	SALIS BU.	RY MD 2180	01
	(SPECIFY) BUXIA 7	119/79 5+ Mar	ys Cem.	23d. LOCATION CITY OF TOWN	in COUNTY Md	STATE
5	FUNERAL DIRECTOR NAME PARTIES	seil) BIV3/V	e, 10 250. DATE R	0 1979	EGISTRADE SIGNATURE	y

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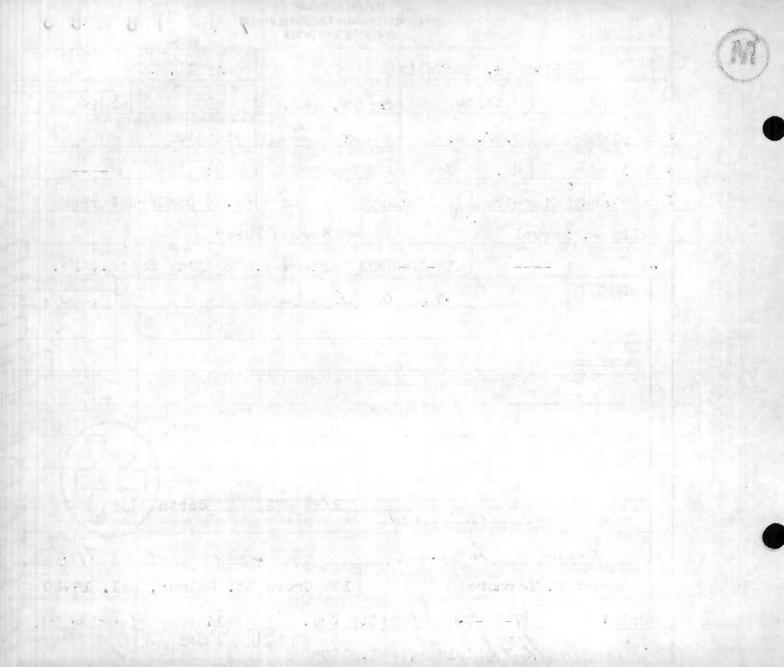
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	11.	FOR STATE	DE		EALTH AND MENTA		1	0 -1	
		REGISTRAR		CERTIF	ICATE OF DEATH	H	REG NO	19	19
		CEASED NAME FIRST	MIDDLE		AST	20 DATE	OF DEATH MO	ONTH DAY	YEAR 26 HOUR
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offer de	3 SE	X	4 RACE	5 DATE C		6 AGE (IN	YEARS LAST BIRTHD		RIYEAR IF UNDER 24 HRS
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2 hou	To BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? B	D NEVER MARRIE	9 BALTIM		COUNTY OF DE	ATH
2 8 5		Willards, Md	USA	WIDOWE		IAI.	icomic	0	MD
8/1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME	OR OTHER INSTITUTION	ON 12a USUA	CCUPATION		KIND OF BUSINESS OR
到人	1	Salisbury	Peninsula	Genera	1 Hospit	al Farm	ORK FOR MOST OF V		oustry arming
- Co	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE NTY 136 CITY O	E BEFORE ADMISSION)	13d INSIDE CITY LIM	AITS? 1134 STREE	T ADDRESS		
Suponie Suponie				nsburg	YES NO			Jones H	lastings Rd
2/0	14. FA	THER'S NAME	MIDDLE LA		15 MOTHER'S MAID			12	
CXX		Edward	Lewis	51	Marv	Ca	therin	ne.	Lewis
medical	16a_ V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT		ADDRES:	5	
medi	(,	Yes, no or unknown) (IF YES, GIVE	I 182-	05-5022	Mr. Wil	mer E.	Lewis,	same a	son)
the the		18 CAUSE OF DEATH Enter on			/		·		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event, th		PARTI DEATH WAS CAUSE	D BY TE CAUSE (0)	Kisj.	watery	. Fa	clure		CTALLS ONSET AND DEATH
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ry, or	100	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO 14	E TERMINAL DISEA	SE OR CONDI	TION GIVEN IN F	PART 1(o)
9	CERTIFICATION								
ws ony	S	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AU		20b. IF YES, WERE	FINDINGS USED
nows	TE					YES 🗌	NO	YES 🗌	NO [
Hygi 18 sh	Ü	21a. ACCIDENT WAS UNDERLYING	11b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY C	OCCURRED (ENTER	NATURE OF INJURY	NITEM 18, PART I OR I	PART 2)
Mentol or Item	CAL	OR CONTRIBUTING CAUSE OF DEA	CIB.	19	20 10				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	DESICE SARA FTC)	21f LOCATION STREET		CITY OR TOWN	COU	JNTY STATE
morked	2	AT WORK AT WORK	(The state of the	. /	100	- 01	2/1/2		
is mo		22a. I certify that (I) (this hospi		from	110 19	/ d . to	7	. 19_/	, that (I) (we) lost
2 S		sow the deceased alive on above, (1) (we) (did) (did no	1) view the hody ofter death	19 7 . 01	id that in (my) (our) o	pinion death occur	red on the date	ond hour and fr	rom the couses stated
them		22b. SIGNATURE	2 0 1	1	DEGREE			220	C. DAJE SIGNED
0 -		Helen M	Bolded	0	M. PHYSIC	ING MEDICA	R PHYSICIA	иП	7/17/79
the Stote Do	1	224. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e ADDRESS	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			7
h the		Helen M F	Baldado, M.	D	Salisbu	mar Mon	baclar		
With OMPO	23n. B	URIAL CREMATION REMOVAL			EMETERY OR CREMA		vland		
	(5	Burial	7/16/79			CITY	lisbur	V. Wic	Marvlan
1/75	_	INERAL DIRECTOR			2	50. DATE REC'D. BY			7
1})		HOLLOWAY FUNE	ERAL HOME,	Salisbu	ry, Md.	1111 93	19/9	-1 .	McCredy

Saliaboury Pantheula Ceneral Forpitalist

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-AMAR Calvin DEATH MATED RECTOR. Marshall 19 79 4. RACE IF UNDER 1 YR. SEX 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE 10:20 A M LAST BIRTHDAY) PRONOUNCED 8 Male Black DEAD 19 79 OBIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Wicomico Co. 6. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Quantico Peninsula General Hospital JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FORM 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PERMIT PART I DEATH WAS CAUSED BY OR REMOVAL. Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF 301 W. lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS, MEDIC CREMATIC CERTIFICATION USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF STATE DEPARTMENT OF YES X NO [96 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 SHOULD PANON. 7 3 UNDERLYING TO OR YEAR Drowned in bucket of water CONTRIBUTING CAUSE OF DEATH 19 79 TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING 1 PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHG AFTER DEATH, WITH THE STATE DEPARA BALTIMORE, MARYLAND, 212D1 PRIOR? 218 PLACE OF INJURY CATHOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Quantico Rd. CITY OR TOWN Salisbury, WHILE AT WORK Room at camp Bud Nutters Md. Labor Camp 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion X death resulted from: Suicide Hamicide Undetermined manner TITLE (SPECIFY) Assistant 7-4-79 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 23c NAME OF CEMETERY OR CREMATORY WICOMICO BP. 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 15M 7/76

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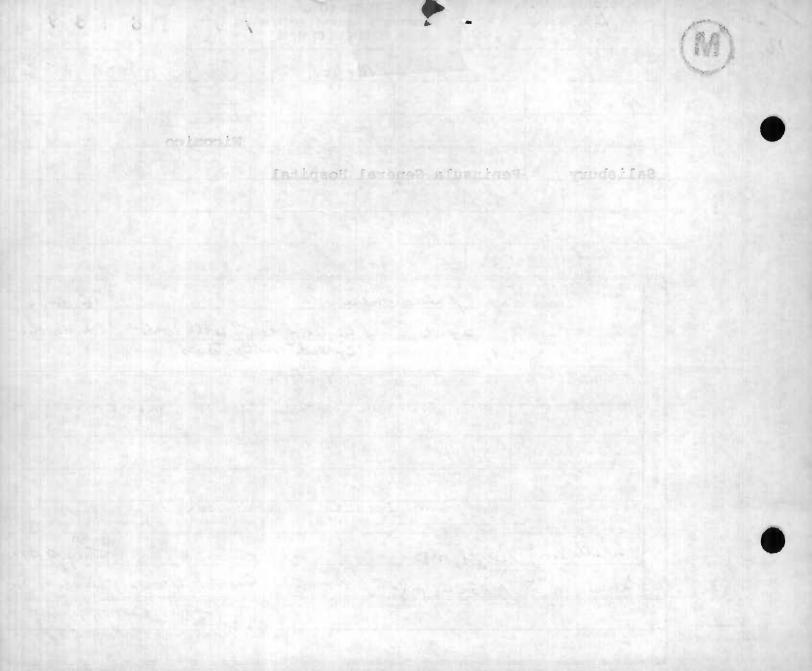


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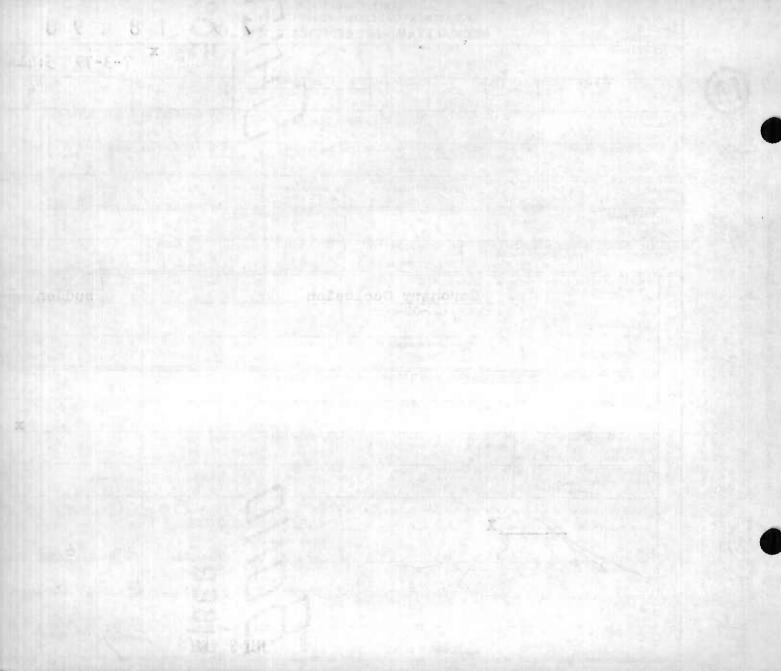
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O STEAMON	hospital or RECTOR: Afi red for use o	21 is mo	(22a.1 certify the (1) (this hose)	_ / ~ /	19 700	nd that in (my) (our) opinio	n deoth occurred on the c	late and hour and	, 1101 (17 (110) 1031
	Che Dep	I. If hem	/	22b. SIGNATURE	View the body offer deon		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	IFF	22c DATE SIGNED
	retoined by the	PORTANI		220 PHYSICIAN'S HAME TYPE O	G areer		22e ADDRESS			
\$	BP		23a E	BURGA, CREMATION, REMOVAL	7-28-79	231 NAME OF	PMS Cem	270 LOCATION PITY OR TOWN	ke w	or Md.
	H - 16 60M 1/75 VR A 15 (4))	5	24	HINTERA DIRECTOR	1. 8	PRESS Neul	Thurch Va 250. by	AUG O BEREISTS	25b. REGISTRAR	SSIGNATURE

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(M)		REGISTRAR DECEASED NAME FIRST CHARL		MESLEY	CERTIF	essick	REG. N	O. MONTH DAY	YEAR 26 HOUR
ige 4 may ector pop urs ofte d	3. 5	Male	4 RACE Wh	nite	5 DATE O	OF BIRTH	6 AGE IN YEARS LAST BIRT	(HDAY) IF UND MONTHS	DER LYEAR IF UNDER 24
deoth Podenterol duthin 72 hou	5	BIRTHPLACE STATE OR FOREIGN COUNTRY) Salisbury, Md.	USA	WHAT COUNTRY?	WIDOWE	D NEVER MARRIED DIVORCED DIVORCED	BALTIMORE CITY O		
aurs after on by the function by the function with	US	Salisbury UAL RESIDENCE (IF NURSING HOME	Penins OR OTHER INSTITUTION	CH FACILITY, GIVE STREET SULA Ger	ADDRESS)	Hospital	(TYPE OF WORK FOR MOST O Supply Set.	F WORKING LIFE) [NE	n kind of Busines: Dustry atl. Guard
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ficate be exect physician and c papers. Pages taval.		Yes 18. CAUSE OF DEATH Enter of		212-66-2		Mrs. Gloria	J. Messick		same as 13
ires that the death cer gned by the attending in please remove carbo burial, cremation, ar re ty, ar other traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	(c)	RAS A CONSEQUI	ENCE OF	Cancer of lu spread me	tastasas		2 months
he law requan. an. has been si t permit The ene priar ta aws any inju	CERTIFICATION	198 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY? YES NO.		E FINDINGS USED CAUSES OF DEATH'
HYSICIA nding ph nding ph nis certifi burial-tr Mental or Item	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A. R) P. 21e PLACE	OF INJURY .M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		R PART 2)
TTENDING PHYSICIAN: The law requirence of the contending physician. TOR: After this certificate has been signifured as the burial-transit permit. Then of Health and Mental Hygiene prior to be 1 is marked or them 18 shows any injury.		WHILE AT WORK 22a. I certify that (I) (this has sow the deceased alive o above, (f) (we) (did) (did not be a sow that the source of the source).	pital attended th	ne deceosed from_	JULY	d that in (my) (our) opinion of			9 , that (I) (we
by the hosp ERAL DIREC e detoched is Stote Dept.		22b. SIGNATURE	Mage	l,mo		ATTENDING PHYSICIAN P	MEDICAL STAT	FF	July 19 19
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:	730	WILLIAM S	. NAG	EL, ms		Peninsula (General Ho	SPITAL, S.	ALISBURY M
BP	L	Burial	7/12/7			ill Memory Ga	rceris 1979Li	sharphy	de freely
DHMH - 16 60M 1/75 (VR A 15 (4))	24	FUNERAL DIRECTOR HOLLOWAY FUNERA	AL HOME,	Salisbur	y, Ma	ryland 250. DAT	E REC'D, BY REGISTRAR	256 REGISTAR'S	SIGNATURI



ALS: N	1-	FOR STATE REGISTRAR														
		CEASED NAME E OR PRINT)	VIRGIN	IA	LEE		MUM	FORD			OF DEATH	KNOWN ESTI- MATED	7 non		79 YEAR 5	26. HOUR 41A
(4)	1	emale	White		1917	6. AGE (IN YEA LAST BIRTHDA 61 YR	MONTH		IF UNDER	MIN,	RONOUN DEAD		7	3	1979	2d. HOUR 11
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FILED	Sa	ty or town o	,	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital Linotype Operato								OR INDUSTRY				
RECORI	13a. S		FIN NURSING HOME OR 13b. COUNT WICOM	Υ	13c. CITY	BEFORE ADMISSIO OR TOWN LSDURY		13d. INSIDE C	NO		ET ADDRE		y			
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M 18. GIVE PACES NG WITH FORM MIT. PAGES 1 AN NE, DIVISION OF	No	18. CAUSE OF	DEATH (Enter only	one cause per lii		14-85	03	Mr.	Lloyd	н. 1	<u>lumfo</u>	rd (husba	1	Same APPROXIMATE	as 13
"PENDING" IN PENCIL IN ITEM 18. EF MEDICAL EXAMINER ALONG V SED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENIAL HYGIENE, D CREMATION, OR REMOVAL.	NO	gave ris couse (a) lying cous	s, if pny, which to immediate stating the under-	(b)	DR AS A CON	SEQUENCE C	OF OF		N GIVEN IN PAG	RT 1 (a).					sudde) n
Ď 6 →	IFICATI	19a. DATE OF	OPERATION	19b. CONE)ITION FOR V	WHICH OPER	ATION W.	AS PERFOR	MED?				12	20.	AUTOPSYS	? NO 📆
BURNI	MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS OR	HOUR A.	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HC	W INJURY	OCCURRE	D (ENTER N	ATURE OF INJ	IURY IN ITE	M 18 PART 1 O	R PART 2)		
	MEDIC	21d, INJURY O WHILE AT WORK	NOT WHILE AT WORK		E OF INJURY ACTORY, FARM, ET			CATION	1		CITY OR TO	WN .		COUNTY		STATE
IO MEDICAL EXAMINER: THIS CRE EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH, WITH THE STATE DER BALTIMORE, MARYLAND, 21201 PRIO	(22a. I certif death resulte ACTUAL SENATURE EXAMINER'S I (TYPE OR PRIN URIAL CREMAT SPECRY)	what I took charged of from: Nature Harling Ha	L. Royer	Accident Accident	, Sui	AETERY O	Homic TITLE (S D. De ADDRESS_	eputy 409 C	Undete	CATION	AINER	Salist	TE 7	7/ 6 /7	79 Tate
IMH - 17 15 ME (5))		uneral DIREC	FOR	7/6/79		thel Co		J	25a. DATE	REC'D. BY	Lston REGISTRA 19	25b. F	EG LIN	Sig	anyla Alexandra	and
M 7/76	H	JLLOWAY	FUNERAL	HUME, Sa	illsbur	ry, Mar	'y Lan	d		JUL 9	101	4		/		1



FOR - STATE

(VRA 15 (4))

REGISTRAR

STATE OF MARYLAND DÉPARTMENT OF HEALTH AND MENTAL HYGIPNE

CERTIFICATE OF DEATH

REG. NO

Reningula Company Pospital Salisbury

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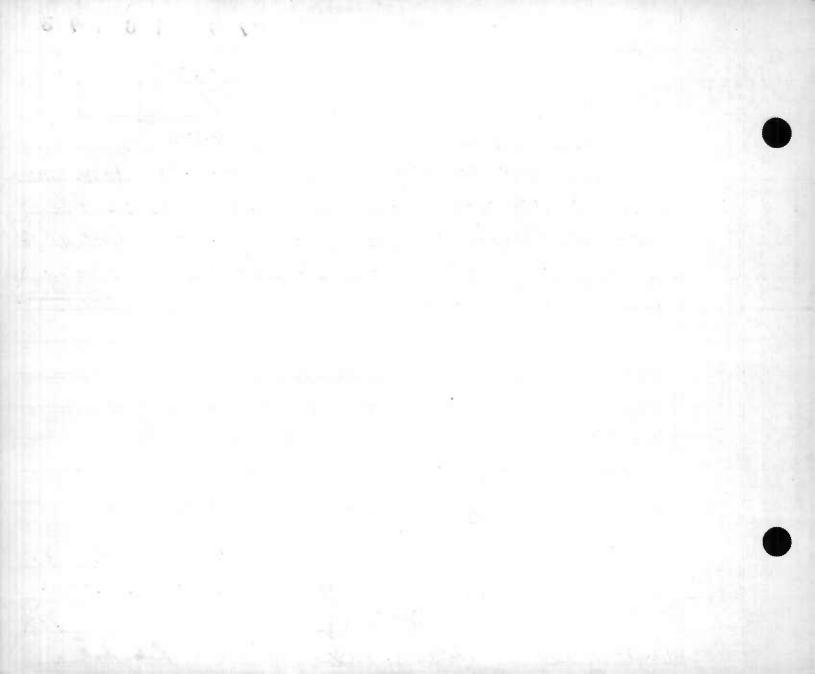
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OF PRINT) OF ESTI-PAUL KTRK PENLEY 4. RACE 3. SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED Male White 8/13/1961 July 17 19 To BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Worls O. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY School Salisbury Student Peninsula General Hospital 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO B 2850 Greet Hursery HArford Coult MATGIANA 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND OF VIT JEAN 17. INFORMAN (FILLE) 8:79-0769 ADDRESS PROBE NUISET ROAD 16b SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 220-48-3047 MG WOIBUT M. PENIEU Forest Hilly Maryland 21050 NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CAL EXAMINER ALONG
BURIAL-TRANSIT PERMIT
AND MENTAL HYGIENE, IMMEDIATE CAUSE (6) fractured skul DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NOX PAGE 3 SHOULD BE STATE DEPARTMENT BE 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL failed to negotiate turn & overturned CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK STATE 1 Ocean Pines, Wor., Maryland Ocean Parkway. AL DIRECTOR: FALL DIRECTOR: F 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Accident X death resulted fram: Homicide Undetermined manner TO M., EXECUTE 1, PAGE 4 SHOU., TO FUNERAL DIR AFTER DEATH, W TITLE (SPECIFY) Deputy SIGNATUR MEDICAL EXAMINER EXAMINER'S NAME Camden Ave., Salisbury. Md. Royer, M.D. TYPE OR PRINT) ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY SPECIFY) Burial July 21,1979 BELifery Harford Co, MARyland 21014 NH. Z. CON MEthodist Ch. Com. 250. DATE REC'D. BY REGISTRAR JOSEPH WILL AN TESTET W. Brendrong & Will Ains St. DHMH - 17 (VR A15 ME (5)) BELLEY MARGINER ZICIL 15M 7/76

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REGISTRAR

1 - STATE

Wicomico County 175. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Church LAST (wife same APPROXIMATE INVENAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred of the date and hour and from the course stated COUNTY STATE 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S STGNATURE DHMH-16 20M ADDRESS (VRA 15, 4) 7/7B Salisbury

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENEZ

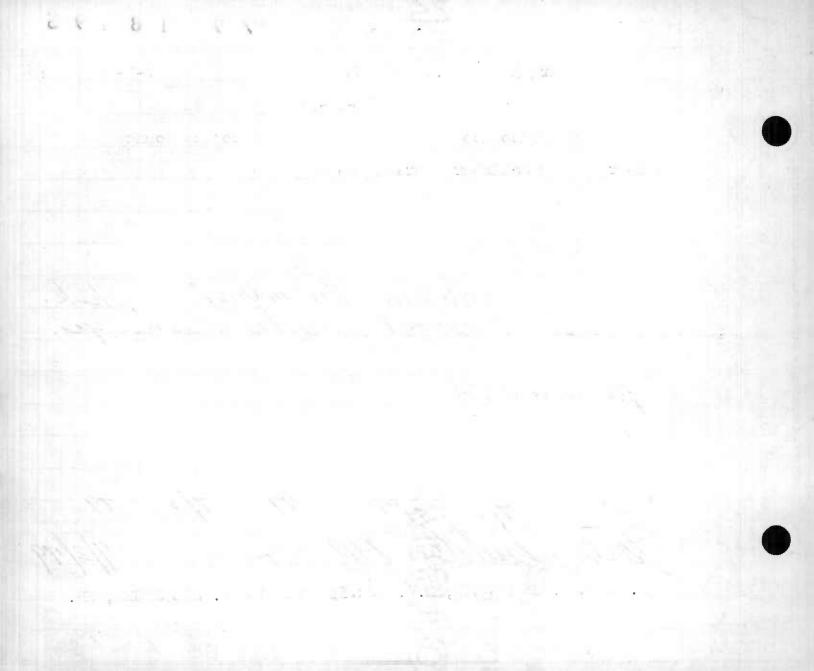
CERTIFICATE OF DEATH

REG. NO.

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TO FUNEHAL DIRECTOR:

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CERTIFICATION

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1)

- STATE REGISTRAR				CERTIF	ICATE OF DE	ATH	REG. NO.	0	4 7	0
1. DECEASED NAME	FIRST		WIDDLE	(AST		20. DATE OF DEATH MO	NTH DA	Y YEAR	26 HOUR
(TO CONTRIPCT)	KENN	ETH	E.	1	ruitt		July	16	1979	620 1
3 SEX	2500	4 RACE		5 DATE			6 AGE (IN YEARS LAST BIRTHD	_	F UNDER I YEAR	IF UNDER 24 HR
male		whi	ite	Sept		933	45	YRS.	DAYS DAYS	HOURS MIN
TO BIRTHPLACE (STATE OR COUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MA	PRIED IX	9 BALTIMORE CITY OR	COUNTY	OF DEATH	
Maryland		USA	A	WIDOW		RCED	Wicomico			WE
IN CITY OR TOWN OF DE			HOSPITAL, NURSIN				120 USUAL OCCUPATION			F BUSINESS OR
Salisbury	1	Penins	ula Gen	erar	позрт	-aı	waterman			
MSUAL RESIDENCE (IFNU	RSING HOME C		GIVE RESIDENCE BEFORE		1136 INSIDE CITY	LIMITS?	1)3e STREET ADDRESS			
Maryland	Wor	cester	Girdle	etree	YES -	X 01		Box	1F1	
14 FATHER S NAME		MIDDLE	LAST	J 194)5 MOTHER'S A		ME	1.5		
William	1	B.	Pruitt	;		bel	WIDDLE	400	Menz	
160. WAS DECEASED EVE		RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMAN	T	Route #	1 B	ox 1F	71
no	(214-32-	6144	Mabel	Prui	tt Girdlet	ree.	Md.2	1829
18 CAUSE OF DEA			line far (a), (b), and	dici /			1		APPROX	MATE INTERVAL ONSET AND DEATH
PART I. DEATH		ED BY TE CAUSE (a)	OW	16:10	ALD 6	1	leun		coll	Muss
5715			R AS A CONSEQUE	NCE OF		0				a.l.
Canditians, if an	y, which	(,b)							1 1 3 3 3	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 206. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2) (HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 2)1 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 1 22a.1 certify that (1) (this hospital) attended the deceased from that (I) (we) last

gove rise to immediate cause (a), stating the

underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF

ATTENDING MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED

27年 ADD有E

DEGREE

STAFF

and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated

23a BURIAL Burial

FOR

23b. DATE

230 NAME OF CEMETERY OR CREMATERY rdletree Baptist

COUNTY

STATE Girdletree Wor. No. BY REGISTRAN SIGNATURE Md

DHMH - 16 60M 1/75 (VR A 15 (4))

24. FUNERAL DIRECTOR

saw the deceosed alive an above, (1) (we) (did) (did not view the bady after death

Pocomoke City,

250. DATE REC'D BY REGISTRAR

23d. LOCATION

0 4 . 6 Salishury Peninsula Coneral Hospital The state of the s Assessment of the second of th SHES OF BUILDINGS THE LOCAL BUILDINGS OF THE SHEET more secret this operate secret average Paid Server State . by will symmetry product with all Free

completely filled in by 11 . I and 2 should be filed

signed by the attending physician and ca hen please remave carbanpapers. Pages 1

1	-	FOR STATE REGISTR
-	50	FACEDAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0	
		CEASED NAME FIRST	# MIDDLE	R	ussing	JULY	MONTH DAY	779 4 30 M
	3 SE	Nale	white	5 DATE O	DAY YEAR	6 AGE (IN YEARS LAST BE	YRS	
of ance.		IRTHPLACE (STATE OR FOREIGN New York	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIEI WIDOWE		Mi comi co	192	
Solution 80		alisbury	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY Peninsula	L, NURSING HOME C GIVE STREET ADDRESS) General	Hospital	Wicomico 12ª USUAL OCCUPAT (TYPE OF WORK FOR MOST O State Tro	F WORKING LIFE) IN	KIND OF BUSINESS OR DUSTRY Police Dept.
335	130	AL RESIDENCE (IF NURSING HOME OR THATE ALL PARTY PARTY NO. 136 COUNTY PARTY NO. 126 COUNTY PA			13d INSIDE CITY LIMITS?	13e STREET ADDRESS	lbot 5	7.
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Frederick		ssing ,	Margaret	" WIDDIE	C)	Arend
medica	1	WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVE WWI	MED FORCES? 166 SOC E WAR OR DATES) 13:	5-26-622/	17 INFORMANT	ADDRI	SS	
njury, ar amer maumanic e	NO	Conditions, if any, which gove rise to immediate cause io storing the underlying couse last	DUE TO, OR AS A CO	ONSEQUENCE OF	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN	PART I(a
9 gas and	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	20a. AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
marked or Ifem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MORK AF WORK		NTH DAY YEAR 19	216 HOW INJURY OCCURE 211 LOCATION STREET	RED (ENTER NATURE OF INJU		R PART 2) UNITY STATE
If Rem 21 is		270.1 certify that (I) (this hospit saw the deceased alive as above. (I) well (did) (old not 27K SIGNA) URE	Dview the bady after dec	19	nd that in my (our) opinion of the composition of t	depth occurred on the d	FF	from the couses stated 20. DATE SIGNED
MPOKIAN I		PHYSICIAN'S NAME (THE BE	RARINT)		Kay Ave	Salisbury	Mary	land
5	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 7 / F / 70	23c NAME OF C	EMETER OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y STATE

BP.

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been

Removal
Page 1 FUNERAL DIRECTOR
NAME
Anatomy Board

Balto., Md.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



	- STATE REGISTRAR	Del a	CERTIFICATE OF DEATH	REG. NO.	0 4 7 0			
	DECEASED NAME FIRS	1 MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
	COMMOD	ORE DEWEY	RECTUR	11,2 V /	19 1979 113			
3	SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 H			
N	lale	White	May 5. 1899	80 YR	MONTHS DAYS HOURS MI			
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		- 9 BALTIMORE CITY OR COU				
V	irginia	USA	WIDOWED DIVORCED	□ Wicomico				
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS			
10	Salisbury		General Hospital	(TYPE OF WORK FOR MOST OF WORKIN				
U'		OME OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)					
35	8.4 9		sbury YES NO	207 Honeysu	ackle Drive			
14	FATHER'S NAME	HIDDIE	15. MOTHER'S MAIDEN	NAME	LAST			
LOI	Fielden	Rect	Rector Catherine Middle Hig					
2 16	WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS	ime as 13			
1	YES, NO OR UNKNOWN) (IF YE	WW II 213-1	.4-1532 Mrs. Mil	dred S. Rector	(wife)			
	18 CAUSE OF DEATH (Ent	ter only one couse per line for (0), (b)	, and (c).)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA			
	PARTI. DEATH WAS C.	AUSED BY. EDIATE GAUSE (0) Persona	of andly -	rac arrest				
- 1	16270	DUE TO, OR AS A CONSE	ONENCE OF					
	Conditions, if any, which		11 - 1 - ++	cleson's and				
	gove rise to immediate couse (a), stating the	le)	OLIENCE OF	0 - 0				
2 1	underlying couse los	in Carelys	el vascular art	inoseleron				
	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)			
Š	dissia	y setention						
9-0	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?			
7	none			YES NO	YES NO			
	210. ACCIDENT WAS UNDERLYIN		DAY YEAR 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	IB, PART I OR PART 2)			
9 8	OR CONTRIBUTING CAUSE	or bearing	DAI					
- T	(IF EITHER, NOTIFY MEDICAL EXAM	AINER) P.M.	19					
- T	(IF EITHER, NOTIFY MEDICAL EXAM	21e PLACE OF INJURY	211. LOCATION	CITY OF TOWN	COUNTY CTATE			
9	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF WHILE AT WORK AT WORK		211. LOCATION	CITY OR TOWN	COUNTY STATE			
V-1	AT WORK AT WORK	21e PLACE OF INJURY	ICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	762			
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- T	220. I certify that (I) (this sow the deceased all above, (I) (we) (did)	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF hospital) attended the deceased from ye an	211. LOCATION STREET 9, and that in (my) (aur) apin DEGREE ATTENDIN	, to	hour and from the causes stated			
7 INCOME	220. I certify that (I) (this sow the deceased all above, (I) (we) (did)	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF hospital) attended the deceased from ye on Indinative wife body after death.	211. LOCATION STREET 9, and that in (my) (aur) apin DEGREE ATTENDIN	, to	hour and from the causes stated			

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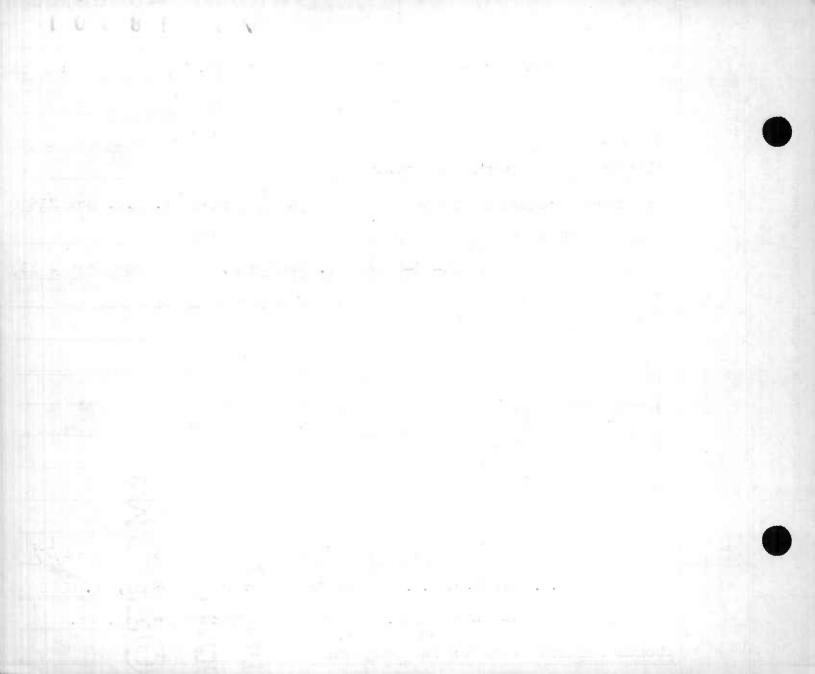
7	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	reg. NO.	8 5 0 0
C 5 5 5	(TYPE	CEASED NAME FIRST OR PRINTS THOMAS	A.	Rich	July 13,	1979 FAM
M	3. SE	MALE	WHITE	DE-C. 31 189	6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS HOURS MIN
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urs offirm by the filed with the fil	5	Salisbury AL RESIDENCE (IF NURSING HOW OR OT	Peninsula G	eneral Hospita	COMPANY WORK LOSS WINDSHIELD	126 KIND OF BUSINESS OR INDUSTRY
LAND 21	130	ARY/AWA WILL	omics 13c City or Tov	MAR YES NO TO NOTHER'S MAIDEN	LINX	- Rd.
uted with	14. F	Charlie MD	RICH	SUS/	MIDDLE ADDRESS	Coffie
ALTIMORE, te be executed to one or one	16a V	ASED EVĒR IN U.S. ARME (IF YES GIVE W		4865 FRANCE	5 F. Rich	SAME AS 13C
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratefaling physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. The answer of the medical exaginier must be not acknown and injury, or other traumatic event, the medical exaginier must be not acknown.	z	PART I DEATH Enter only of PART I. DEATH WAS CAUSED E IMMEDIATE (Conditions, if only, which gove rise to immediate cause io), stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEOU	22	erminal disease or condit	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ION GIVEN IN PART 110
ALRECORE The low required to the specimit. The ene prior it ows ony initial to the speciment of the specimen	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
SION OF VITAL R PHYSICIAN. The Is ending physicion. this certificote has the buriol-transit pee ad Meniol Hygiene d or item 18 shows	,	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR 19	URRED (ENTER NATURE OF INJURY IN	NITEM 18, PART 1 OR PART 2]
DING PHYSICIA or ottending p After this certil te os the buriol: oith and Mento morked or tem	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
TTEND option of TOR: A for use of Heol		27a. I certify that (1) (this haspital sow the deceased alive on above, (1) (we) (did) (elid not) in	7//2 19		on death occurred on the date	nd hour and from the couses stated
by the hose by the hose by the hose detoched Stote Dept ANT: If Item		226. SIGNATURE BU	Momes	DEGREE ATTENDING PHYSICIAN		22c. DATE SIGNED. 7/13/29
O HOSPITAL OR A: CO HOSPITAL OR A: TO FUNERAL DIRECTOR Should be detoched with the Stote Dept.		22d PHYSICIAN'S NAME LTYPE OR PR	Horner	Kay Dri	re Salisbu	ry Maryland
BP		DURINE	23b. DA/E 23c.	NAME OF CEMETERY OR CREMATOR	23d LOCATION CUTYOR TOWN	Paret Mel
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	JAMES ALL BAKER-	Bounes ADDRESS	Stessery Mc	JUL 1 8 1979	, RECUSTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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2	1	STATE OF MARYLAND
9	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 8 5 0 3
	1,	REGISTRAR CERTIFICATE OF DEATH
		ECEASED NAME FIRST, MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 75 HOUR
oy be	(ITP)	Ella Nancy SHORT JULY 12,1979 924 M
pag pag	3 SE	
ctor,	12	emale White 10-1-90 88 YRS MONTHS DAYS HOURS MIN
Pog Prince	26 B	SIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH
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10 40	S	Salisbury Peninsula General Hospital Housewife Work For Most of Work For M
212 212 3 un bour	USU	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
ND 24	1/2	STATE 130 STREET ADDRESS 130 STREET ADDRESS YES NO D
rthin thin	14. F.	ATHER'S NAME IS MOTHER'S MAIDEN NAME
MAR wand		Thomas William Tubbs Helen Preeman
DRE, and condicol,	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OPLINKNOWN) (IF YES, GIVE WAR OR DATES)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING. PHESIC (AN). The face requires that the death certificate be executed within 24 hours or attending physician and completely filled in the certificate has been uponed by the ottending physician and completely filled in the late buring the principle of the process carbon papers. Pages 1 and 2 should be 1 the and Meetal Hygiens prior to buring scemation, or removal.		121934324/ Frank Short Berlin Mil.
ficote by papers, novel.		18 CAUSE OF DEATH lEnter only one couse per line for 10 . (b), and c) APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
T., E		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) LELEBERT CHIEF CAUSE 10)
ON S Th cer		4392 DUE TO, OR AS A CONSEQUENCE OF COLUMN CENTRE OF COLU
STC feorth ve cy ion,		Conditions, if any, which (b)
he o emo		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF
W 14 44 8		underlying cause last (atherisclustic Cardes mulae Deserge
, 20 poed portion	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/2
RDS	CERTIFICATION	pasetes million namen deserbet prepoglificario
ECO P P P P P P P P P P P P P P P P P P P	S A	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 286 FEE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
A TO THE Z	1	YES NO YES NO
The state of the s		210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
A property of	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
OI HE TANKS	i i	21d INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE
N St 145 a	2	WHILE AT WORK AT WORK
9 4 1 1	14	220.1 certify that (1) (this haspital) attended the deceased from
15 S S S S S S S S S S S S S S S S S S S		saw the deceased alive an 19 , and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated obave, (1) (we) (did) (did not) view the body ofter death.
第一番 新華		22b. SIGNATURE DEGREE THE DATE SOMED
A A A A A A A A A A A A A A A A A A A		Lelis M. Bildado M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
FUNES Add here A	1	226 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS
* 7 0 5 4 6		HELEN M. BALDADO 237 FLORIDA AUE SALISBURY MO
5 £ 5 4 1 3	230.	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATION 23d LOCATION CHYCRE TOWN
BP	1 2	Burial 2-15-79 Spence Baptist Shaw Hill Maryland
DHMH - 16 60M 1/75	24 F	PUNERALDIRECTOR 250 DATE REC'D. BY REGISTRAR'S SIGNATURE
(VR A 15 (4))	/	Toman F. Honnis Snow Hill Ml. 111 1 8 1979 Tirky Meline

CCE 6 1 - P WHEN DEPO TENS Tigonitos -A STATE OF THE STA Selicburg Seningula Ceneral Sospital Market Strucket TIENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after

the attending physician and completely filled in by the funeral director remove carbanpopers. Pages 1 and 2 should be filed within 72 hours of

IMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other troumatic event, the medical exam

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove corbanpoper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the hospital or attending physician

TO HOSPITAL

BP.

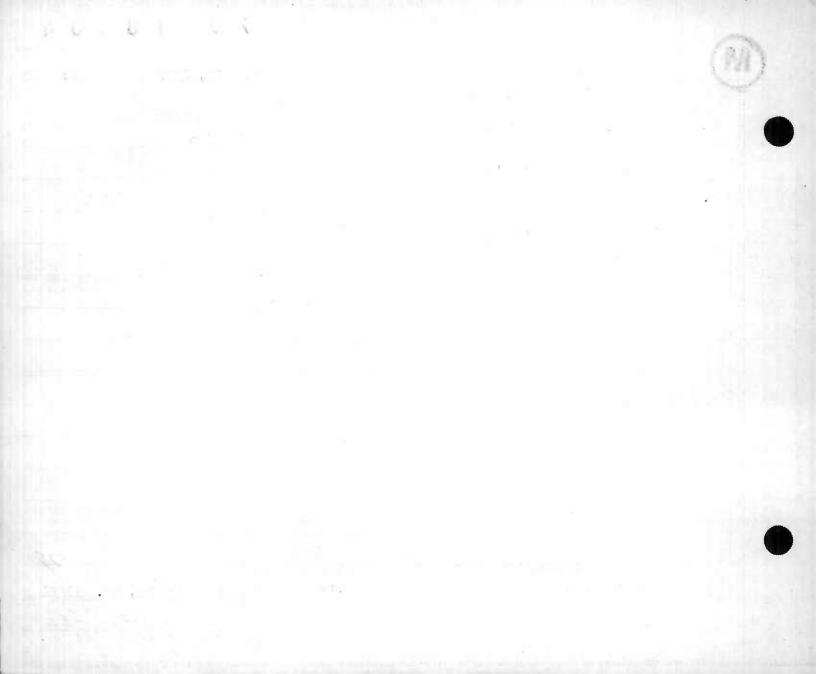
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ">

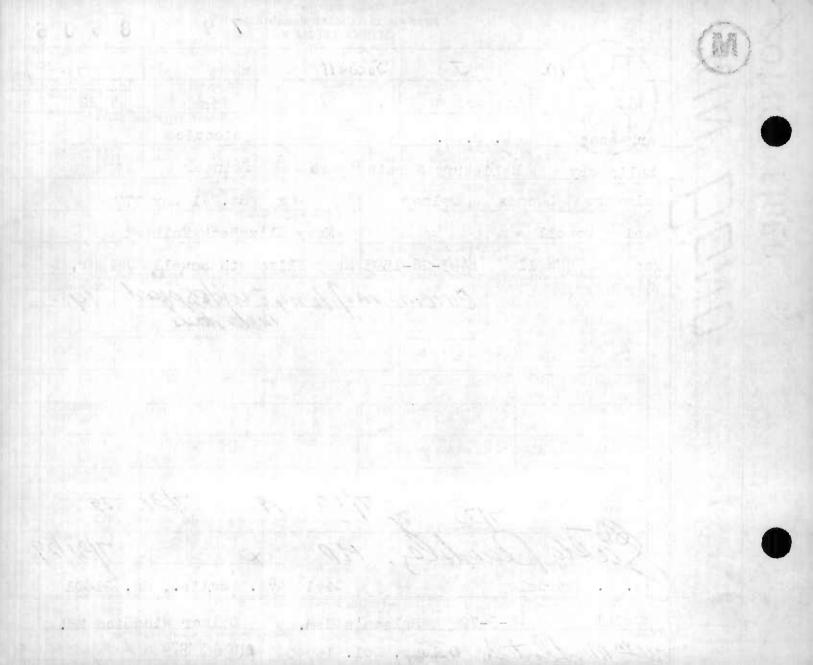
	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	1 8	5	0 4
		CEASED NAME FIRST	WIDDLE	ŧ.	AST		MONTH DAT	YEAR	2b. HOUR
	Titre	Albina		SIMPS	ON	July 23, 1	979		1:00 PM
	3 SE		LUHITE	S DATE C		4 AGE (IN YEARS LAST BIRTI	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
of once.	70. BI	OUNTRY WADA	76 CITIZEN OF WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	BALTIMORE CITY O Wicomico	R COUNTY O	FDEATH	MD
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SE must be	13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM TO COMPANY OF TO COMPANY OF THE CONTRACT OF THE CONT		134. INSIDE CITY LIMITS? YES NO 🚇	13e. STREET ADDRESS	16 C.	REEL	4
exomine 33(14. F/	ATHER'S NAME PLPHIS	MIDDLE / CHETTE	4	15. MOTHER'S MAIDEN NAM	CARUL	EL	LAS	it.
Z		NAS DECEASED EVER IN U.S. AR YES, NO ORUMENOWN) (IF YES, GIVE	EMED FORCES? 166 SOCIAL SEC E WAR OR DATES) /3/-03		ELLIS SI	MF30N	OCEA	w Ci	TY Mo.
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			ottol) ottended the deceased from	0 0	d that in (my) Gur) opinion of	death occurred on the do	19 te and hour a	/ /	that (I) (we) last causes stated
VI: # Hem 2		276 SIGNATURE Onfi	Jac Sk.	iant	EGREE ATTENDING PHYSICIAN	MEDICAL STAP		22c. DATE	23/28
MPORTANI		Inja Joe Hwa	V	1	Deer's Head (Center: Sali	isburv.	Md.	21801
≤	(BURIAL, CREMATION, REMOVAL SPECIFY: KEMATION	236. DATE 230 7-25-79 C	NAME OF C	HENLOALL	23d. LOCATION CITY OF TOWN	- ((OUNTY Ex-	DEL
	24. FL	UNERAL DIRECTOR	. /	3	25e. DATE	REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNAT	URE -

DHMH-16 20M (VRA 15, 4) 7/7B

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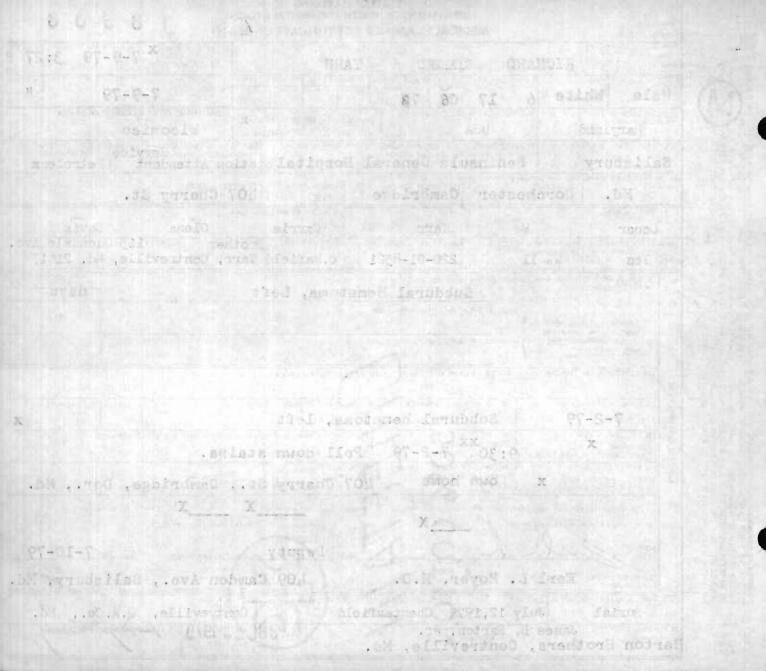


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,		CEASED NAME OR PRINT)	m.		J.		well	20 DATE OF DEATH	MONTH DAY		53
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The state of the s	1	RTHPLACE (STATE O	R FOREIGN	16 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOWE	D MEVER MARRIED	BALTIMORE CITY O	R COUNTY O	FDEATH	
70	10 C	iy or town of c		11. NAME OF		ING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST O Painter		126. KIND OF B INDUSTRY	SUSIN
1	USU 13a	AL RESIDENCE (IFN STATE Blaware	URSING HOME O	R OTHER INSTITUTION		ORE ADMISSION)	13d. INSIDE CITY LIMITS?	Rt. #1 E	ox 277	7	
10	4	THER'S NAME	well	WIDDFE	LAST		15 MOTHER'S MAIDEN N	AME ~ MIDDLE	lbert	LAST	
Section 3		VAS DECEASED EV res, no or unknown)	ER IN U.S. AF	RMED FORCES? (E WAR OR DATES)	166 SOCIAL SEC 493-28	URITY NO. -1593	17. INFORMANT	abeth Sowe	ESS	lmar,	De
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Dept. of Healt	1	220 I certify that dece		ot) view the body		4	nd that in (my) (our) opinion DEGREE ATTENDING			nd from the cou	
with the State IMPORTANT: IF	4		NAME (MPE		die	7-	PHYSICIAN 22e ADDRESS Civic Av	DIRECTOR PHYSIC	IAN 🗌	21801	1
× ×	23a. E	BURIAL, CREMATIO Burial	n, removal	23b. DATE 8-3-		NAME OF C	EMETERY OR CREMATOR		cc	YTAUC	S
1/76		INERAL DIRECTOR	10	+1	ADDRESS Del ma		25a. D.	ALICO 3 197	25b. REGISTR	'S SIGNATURI	E C.C.



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	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFIC ATE OF DEATH	GIONE O	1 8 5	0 7
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(M)		EMALE	CAUC.	5 DATE OF BIRTH MONTH DAY YEAR PRIL 12 1908	6 AGE (IN MES LAST BIRT	YRS MONTHS I	YEAR IF UNDER 24 HRY DAYS HOURS MIN
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no no require low require hos been su permit. The nee prior to low sony injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED USES OF DEATH? NO
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TTENDII pital or TOR: A or use of Healt		220.1 certify that (I) (this hasp			death occurred on the do	9 19 79	, that (I) (we) lost
A S G S A S S S S S S S S S S S S S S S			ot) view the body offer death.	. ,			
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECTO Should be detoched fourth the Store Dept. CMPORTANT: If them 2		above, (I) (we) (did) (did no 22b SIGNATURE 22d PHYSICIAN'S NAME (TYPE C	Smiles	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	22c. C	DATE SIGNED

DHMH - 16 60M 1/75 (VR A 15 (4)) 

and 2 sh

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending p should be defacthed for use as the burial-transit permit. Then please remove corbanisms the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover. IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic



STATE OF MARYLAND

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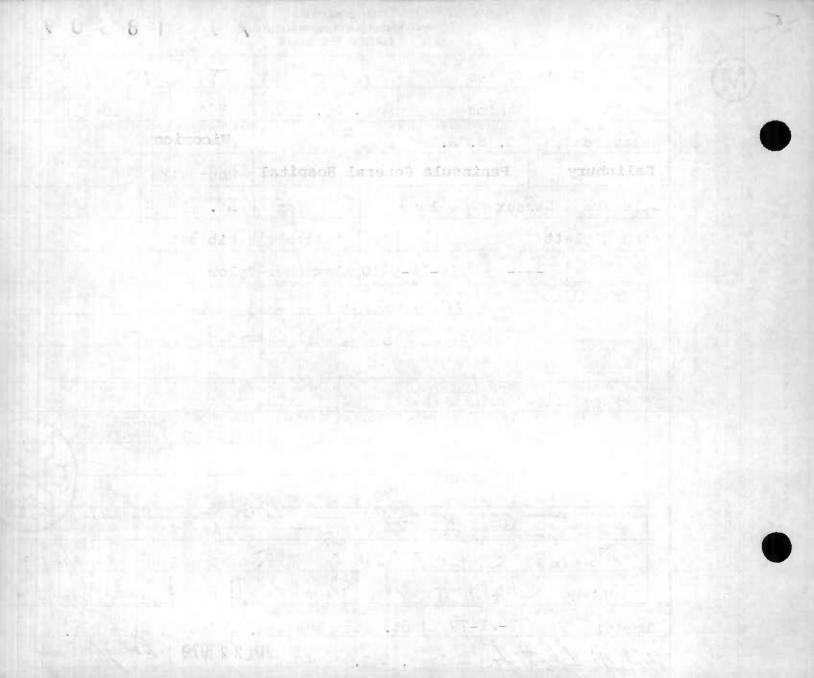
	1-	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
	1. DE	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
	(TYPE	OR PRINT) Marie	Olive	Ta	11/05	Jale	. 18 1	979	1000		
	3 SE		4 RACE	5 DATE O	OFWIRTH	6. AGE (IN YEARS LAST BIR	HDAY) IF UN	DERIYEAR	IF UNDER 24 HRS		
	F	emale	White	Aug		56	MONT	5 23	HOURS MIN		
11	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY	R COUNTY OF				
6	D	elaware	U. S. A.	WIDOWI	D NEVER MARRIED DIVORCED	Wicomi	CO		MD.		
0		Salisbury	11. NAME OF HOSPITAL, NUR PENTINSUTA	RSING HOME		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewi	ION SEWORKING LIFE) IN	2b KIND OF NDUSTRY	BUSINESS OR		
6	D	AL RESIDENCE IF NURSING HOME OF STATE 135 COURS	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY SSEX TELMS	efore admission) OWN 2.7	134 INSIDE CITY LIMITS?	130 STREET ADDRESS					
		ohn Niblett	MIODLE LAST		Elizabet	h Nibl ett	£,	LAST			
3	16a V	VAS DECEASED EVER IN U.S. AR	E MAD OD OATES	ECURITY NO. 4-9430	17 INFORMANT Alexander	Tylor	ESS				
	TION	Diabete	DUE TO, OR AS A CONSECUTION CONDITIONS CONTRIBUTING	TO DEATH BUT							
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES				
7		?]a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.		DAY YEAR	21s. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 (OR PART 2)			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	vn C	OUNTY	STATE		
		sow the deceased alive on	attended the deceased fro	- O	nd that in (my) (aux) opinion o	deoth occurred on the	ote and hour and	79_, the from the co	ot (I) to lost		
		22b. SIGNATURE	o C Hell) In 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATES	18/79		
1		THOMAS	BPRINT) - Hill JR		Pine B1	uff Road	Sal	isbui	ey Md		
	1	BURIAL, CREMATION, REMOVAL SPECIFY)			EMETERY OR CREMATORY	Nd LOCATION CITY OR TOWN	COUN		STATE		
		Burial	7-21-79	St. S	tephens Cem	Delmar	Sussex	Del.			

O HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

ADDRESS Delmar Del

belmar Cem. Del 250. DATE REC'D. BY Suss



4			FOR			DEPARTMEN	STATE OF			SIENE					
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	SE S		CEASED NAME OR PRINT)	E FIRST	Ma6	1e	WA	ILES		20. DAT OF DEA	E KNOW ESTI- TH MATE	N x MONI	-9-79		26. HOUR 20A
	S NECESSARY PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. D WITHING THOURS W. PIESTIN STIFET.	1. SEX	male	White	5. DATE OF BIRTH	YEAR LAS	E (IN YEARS IF U		HOURS MI	IN PRONC	ATE DUNCED AD	7-9-	79 I	YEAR 9	2d. HOUR
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	Bb	(5	るよ	TION, REMOVAL 23	1/11/79	23c. NAME	OF CEMEJERY O	ve L	em.	23d. LOCATIO	rter	ville	OUNTY	45	E
	DHMH - 17 (VR A15 ME (5)) 15M 7/77		NERAL DIRECT	k Funera	ADDRESS al Home,	Bival	ve, Md		250. DATE REC	3 1979	RAR 25b	GISTRAR'	A COM	TE A	

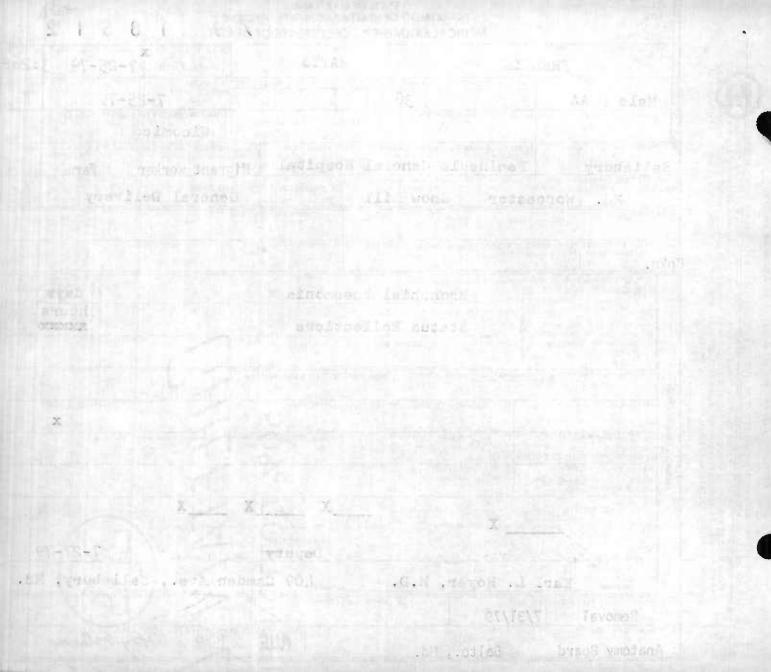
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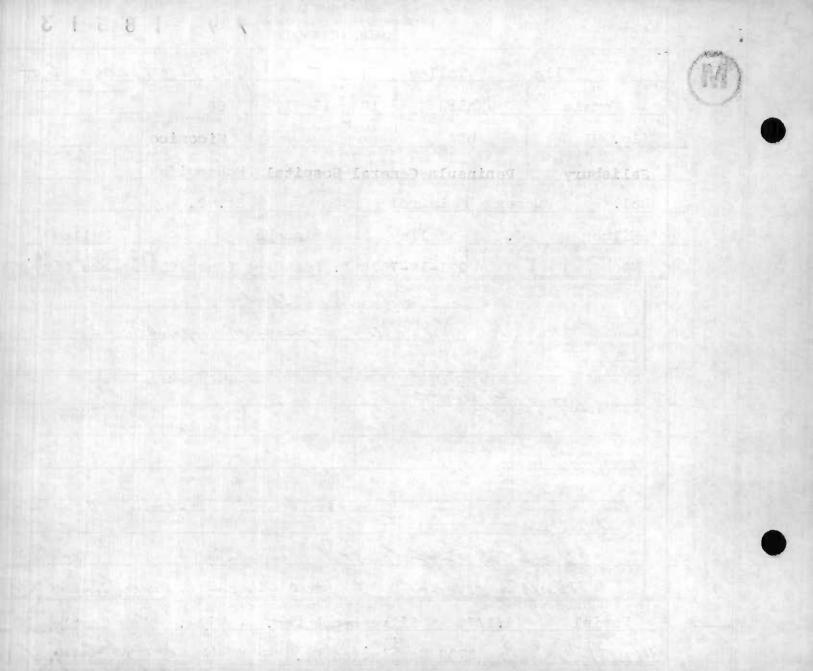
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF MEATH REGISTRAR MIODLE L DECEASED NAME 20. DATE KNOWN TE MONTH 2b. HOUR (TYPE OR PRINT) WATTS OF ESTI-DEATH MATED FREDDIE 26 P 1 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE 24 HOUR 2c. 38 YRS YEAR PRONOUNCED 22 Male AA DEAD To, BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Wicomico WIDOWED . DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS. FOR MOST OF WORKING LIFE! OR INDUSTRY Peninsula General Hospital Salisbury Migrant worker farm USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13e STATE 138 COUNTY 13c. CITY OR TOWN General 13d. INSIDE CITY LIMITS? Snow Hill Delivery Md. Worcester YES -14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND BIRST MIDDLE MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES. NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Unkn. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Bronchial Pneumonia days IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF hours REMOVAL Conditions, if ony, which Status Epilepticus MODES gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) HEALTH CERTIFICATION HIEF 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, VIE, WRITING THE WORL ORWARDED TO THE CH R: PAGE 3 SHOULD BE U E STATE DEPARTMENT O ,21201 PRIOR TO BURIAL YES T 710. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN WHILE AT WORK COUNTY STATE DIRECTOR: P 22a I certify that I took charge of the remains described above, held an and in my opinion death resulted fram Undetermined monner TITLE (SPECIFY) DATE 7-27-79 EXECUTE THE C PAGE A SHOU TO FUNERAL D AFTER DEATH. ACTUAL Deputy SIGNATURE MEDICAL EXAMINER XAMINER'S NAME 409 Camden Ave., Salisbury, Md. Earl L. Royer, M.D. TYPE OR PRINT THE BURIAL CREMATION REMOVAL 73% DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Remova 1 7/31/79 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. BUSISTRAR'S SIGNATURE **DHMH - 17** Tintry Malready (VR A15 ME (5)) Anatomy Board Balto. Md 15M 7/77



100		FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 9 REG, NO	5 3
-	1	DECEASED NAME FIRST	WIOOFE	LAST		AY YEAR 26 HOUR
作風地	(1	YPE OR PRINT) Ella	Talley	West	0,11 1910	na 2 A.
IAN)	3.	SEX	4 RACE	5 DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
-	,	Female	White	10 15 12	66 YRS.	MIN DAYS HOURS MIN
Por 1/	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	O BALTIMORE CITY OR COUNTY	OF DEATH
7	01	Vilm. DE	USA	WIDOWED DIVORCED T	Wicomico	AAC
30		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
3	4	Salisbury	Peninsula G		Housewife) INDUSTRY
lbe Ibe	/ U:		OR OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)	13e STREET ADDRESS	
nould m	6		ssex Laure		Rt. 2,	
95/1	1/14	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST
6/	0	Wilmer	J. Talle			Talley
licol	2 160	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS 243	Basil Ave.
- me		NO	221-14	-7628 I. Lee Wes	st (Husb)Chesap	eake City MI
t, the		18 CAUSE OF DEATH (Enter o	inly one couse per line for (0), (b)	and c		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even		PART I. DEATH WAS CAUSI	ATE CAUSE (a)	udiogenie Sha	ull	
or re		410-	DUE TO, OR AS A CONSECU	HENCE OF		
fron.		Conditions, if any, which	(b)	cute superio	list infanter	
emo		gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONSEQU	UENCE OF		
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rry, o	١,		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART Ital
or to	CEPTIEICATION	History ug	I Hy pur serve			
ws pri	7 5	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED 'ING CAUSES OF DEATH?
Hygien 18 sbow					YES NO YES	
18 S	C7	An an		DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
Mentol or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		
d or	2	21d INJURY OCCURRED	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
tho		AT WORK				The second
Heo R			ortal) ottended the deceased from			9 79, that (I) (we) last
. of n 21			oth view the body after death.	and that in (my) (our) opinion	n death occurred on the date and hour	ond from the causes stated
Her.		22b. SIGNATURE	000.	DEGREE	WEDICAL STAFF	22c. DATE SIGNED
TZ.		Sam	un J. Chip		MEDICAL STAFF DIRECTOR PHYSICIAN	7/29/19
the St.		22d. PHYSICIA ME (TYPE C		22e ADDRESS	A CHARLES IN THE REAL PROPERTY.	n
with the State		UAME	8 4. CHIFFORL	# 12 M	EDICAL GENTLE	SALISBURY MO
n 3 <u>S</u>	23	BURIAL, CREMATION, REMOVAL	236. DATE 236	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		Burial	8/1/79 S:	ilverbrook Cem.	Wilm. New	
50M 1/75	24	FUNERAL DIRECTOR	ADDRESS \		ATE REC'D. BY REGISTRAR 256 REGISTR	PAR'S SIGNATURE
(4))	1	West 1. 11/clu	2700 Was	shington St. AUG	0 0 13/3 peopley.	McGreetty



111		MIDDLE	REG. NO.
1 / 100	DECEASED NAME FIRST TYPE OR PRINT) BURLEI SEX	Millians	20 DATE OF DEATH MONTH DAY YEAR 26 HOU . TULY 1979 19 19 19 19 19 19 19 19 19 19 19 19 19
4 9 9	Male STATE OR FOREIGN	Thite Oct. 31, 1921	57 YRS HOURS
free death the fame of a suite of	Salisbury, MD	WIDO WED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	Wicomico 120 USUAL OCCUPATION 126 KIND OF BUSINE
in by the filed	Salisbury	Peninsula General Hospital DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Retired Set. Major Army
in 24 h	30 STATE		Rt. 5, Crockett Lane
omplete omplete ond 2	Burleigh F	red Williams First Mary	Jane Whayland
9 9 9	Yes Was deceased ever in U.S. a (15 yes, no or unknown) Yes WW I	VE WAR OR DATES)	M. Williams (wife) same as
res that the death ce ned by the attending in please remove carb ourial, cremation, or r y, or ather froumatic	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	Heart Des Eose INAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The low recion. Tet hos beer te hos beer gene prior shows any i	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO YES NO P
7 E E E E	OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH DAY YEAR R) P.M. 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21I LOCATION STREET	CITY OR TOWN COUNTY ST
R ATTENI hospitol IRECTOR: hed for us ept. of He	sow the deceased alive a	n 19 2 , and that in (my) (seek opinion of the body of	death occurred on the date and hour and from the causes sto
OSPITAL Ed by th UNERAL d be det he Stote RTANT:	22d. PHYSICIAN'S NAME (TYPE	ATTENDING PHYSICIAN DO PRINT) OR PRINT) 172 ADDRESS OF PRINT)	MEDICAL STAFF DIRECTOR PHYSICIAN
0 g 0 g x ₹	HOMAS (L 230 DATE 230 NAME OF CEMETERY OR CREMATORY	LKOED SALISBURY, M
	Surial Funeral director	7/5/79 Parsons Cemetery	Salisbury, Vicomico Nary EREC D. BY REGISTRAR ISB. REGISTRAR'S SIGNATURE

Salisbury Penissula Ceneral Mospital

